



Annual Report :

OF THE

County Medical Officer of Health

County Donegal

ON THE

Health and Sanitary Conditions of

the County

AND ON THE

County School Medical Service.

YEAR 1936.

LETTERKENNY :

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Table of Contents.

PART 1.

	Page
Prefatory Letter	2
Population	5
Occupation	6
Vital Statistics	11
Infectious Diseases	12
Enteric Fever	12
Typhus Fever	13
Scarlet Fever	13
Diphtheria	14
Housing	15
Town Sanitation	19
Slaughter-houses and Meat Shops	20
Tuberculosis	22
Maternity and Child Welfare	25
Welfare of the Blind	27
Supervision of Midwives	28
Notification of Births	30
Food and Drugs Acts	31

PART 2.

Introduction	37
School Managers and Teachers	37
Attendance of Parents	38
Comments on Tables of Defects	38
Nutrition	38
Dental Defects	39
Visual Defects	39
Tuberculosis	40
School Buildings	40
Physical Training	43
Summary of Inspection and Defects	44
Summary of Treatment	51

Roinn na Sláinte Puiblidhe,

Srath an Urláir,

Co. Dhún na nGall.

Do Chathaoirleach agus Comhaltaí,

Cbomhairle Chonndae Dbún na nGall.

A Dhaoine Uaisle,

Is mór agam d'onóir an cuntas cinn bhliadhna seo do chur fé nhhúr mbrághaid fé mar atá de dhualgas orm do réir na n-ordughadh so leanas: Ordughadh na Liaigh-Fheadhmannach Conndae, 1926, agus Ordughadh Sláinte Puiblidhe (Liaigh-Riaradh Leanhhaí), a 1920.

Ar an gcéad dul síos, ní féidir dom gan tagairt a dhéanamh do'n duine uasal a tháinig romham, ar dheis Dé go raibh a anam. Fear groidhe Gaedhealach a bhí ann, a raibb meas air ag'óg agus aosta, agus ba mhór an chailleamhaint é dá mhuinntir agus do'n Chonndae uilig i dtús a chuid oibre.

Caithfidh mé mo bhuidheachas a ghabáil libh, ar mo shon féin, as ucht an fháilte a chuireabhair romham agus fairis sin an chabhair agus an congnamh a fuaras ó gach duine de'n mBórd i rith na bliadhna. Tá súil agam gur i méid agus i ndoimhneacht a bheidh an caradas a snadhmadh eadrainn ag dul ó bhliain go bliain, agus go n-éireochaidh linn bheith ag obair as lámhaibh a chéile feasta fé mar dheineamair go dtí so.

Tá so le rádh agam leis, gur beag duine le n-a raibh baint agam i gcúrsaí sláinteamhlachta nar cbuidigh liom go fial, fáilteach, agus is mian liom mo bbuidheachas do ghabháil leo uilig.

Mise, le meas,

M. BASTABAL,

Liaigh-Fheadhmannach Conndae.

Aibreán, 1937.

PART I.

ANNUAL REPORT

OF THE

County Medical Officer of Health

County Donegal

ON THE

Health and Sanitary Conditions of

the County.

YEAR 1936.

DONEGAL BOARD OF HEALTH.

Staff of Public Health Department

YEAR ENDING 31st DECEMBER, 1936.

County Medical Officer of Health:

M. S. BASTABAL, M.D., D.P.H. (M. J. BASTIBLE).

Assistant County Medical Officers of Health:

M. J. McCOLGAN, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.

B. M. M. DUNLEVY, L.R.C.P.I., L.M., L.R.C.S.I., L.M., D.P.H.
(Temporary Appointment from July, 1936).

School Dental Officers (Part Time):

JOSEPH R. KELLY, B.D.S.

VINCENT J. CALLAGHAN, L.D.S.

Public Health Nurses:

Full Time—Miss ANNE CASEY.

Miss A. JOYCE.

Miss MARGARET T. McLAUGHLIN (Temporary).

Part Time—THE DISTRICT AND JUBILEE NURSES employed in the following areas:—Annagry, Ardara, Arranmore, Ballyshannon, Bruckless, Buncrana, Bundoran, Carndonagh, Carrigart, Clonmany, Convoy, Derrybeg, Donegal, Doochary, Drumholm, Dunfanaghy, Dungloe, Fahan and Inch, Fanad Upper, Fanad Lower, Frosses, Glencolumbkille, Gortahork and Falcarragh, Kilcar, Letterkenny, Lifford and Castlefin, Moville, Ramelton, Rathmullan and Glenvar, Stranorlar.

Secretary:

SÉAMUS Ó CEALLAIGH.

Annual Report on the Health and Sanitary Conditions of the County.

YEAR 1936.

POPULATION.

Donegal, a maritime County with a deeply-indented coast-line, forms the extreme north-west corner of Ireland in the province of Ulster. It comprises the ancient territory of Tir Chonaill together with the Inishowen peninsula, and for administrative health purposes these two ancient divisions of the County are still administered by separate Assistant Medical Officers of Health, part of the north-western area of Tir Chonaill being however incorporated in the northern half of the County (which includes Inishowen). The population of County Donegal, comprising an area of 1,193,573 statute acres, was 152,508 according to the Census of 1926. The population for the several years from 1821 to 1926 was as follows:—

1821	...	248,270	1881	...	206,035
1831	...	289,149	1891	...	185,635
1841	...	296,448	1901	...	173,722
1851	...	255,158	1911	...	168,537
1861	...	237,395	1926	...	152,508
1871	...	218,334			

The following table shows the distribution of population according to Urban and Rural Districts and the actual and percentage decrease (or increase) in each of these districts since the previous Census was taken in the year 1911.

DISTRICT.	1911 Census.	1926 Census.	Actual Decrease (*is in- crease)	Decrease per cent. (*is in- crease)
URBAN DISTRICTS.				
Buncrana U.D. ...	1,874	2,309	*435	*23·2
Bundoran U.D. ...	2,116	1,339	775	36·7
Letterkenny U.D. ...	2,194	2,308	*114	* 5·2
RURAL DISTRICTS.				
Ballyshannon R.D. ...	7,772	7,509	263	3·4
Donegal " ...	19,616	16,552	3,064	15·6
Dunfanaghy " ...	15,471	14,252	1,219	7·9
Glenties " ...	32,800	30,081	2,719	8·3
Inishowen " ...	33,837	30,545	3,292	9·7
Letterkenny " ...	9,961	8,782	1,179	11·8
Milford " ...	19,293	16,884	2,509	12·9
Stranorlar " ...	23,503	21,947	1,556	6·6
TOTALS ...	168,537	152,508	16,029	9·5

Letterkenny, Buncrana, Bundoran, and Ballyshannon are the four largest towns in Donegal, each of the three first-mentioned having its own Urban Council for local administrative purposes, and the last-mentioned being under the control of a Commissioner appointed to administer the affairs of the Ballyshannon Town Commissioners.

“Dá madh liom Alba uile
Othá a broine go a bile,
Ro b'fhearr liomsa áit toighe
Agam ar lár caomhDhoire.”

(Colmcille cet.)

OCCUPATION.

The people are mainly dependant on agriculture and fishing for their support. The land is mountainous and rocky in many parts, and large areas of unproductive bogland are scattered throughout the County. The agricultural holdings are, as a rule, small, and many of the small farmers eke out a laborious existence tilling their meagre acres of unproductive soil. For this reason it has become an established custom in Donegal for batches of workers to betake themselves annually across the water to Scotland and England to hire themselves out for the summer months. Fishing industries as at Killybegs and Downings, once famous as curing and exporting centres, seem to have fallen on evil days. It would seem that an effort might be made to obtain Government aid with a view to restoring these fishing-centres to their former prosperity and thus stem, to some extent, the ever-growing tide of emigration of Irish speakers from our shores. Some idea of the happier conditions prevailing in these centres in earlier days may be obtained from the following extracts from the “History of the Diocese of Raphoe”—(Very Rev. Canon Maguire, D.D.) :—

“In the anonymous “Description of the State of Ireland” edited by the late Father Hogan, S.J., it is stated that the O'Donnell was designated on the Continent the “Kying of Fysche,” in consequence of the enormous and constant supplies of cod, ling and herrings exported from Tirconaill. Several Inquisitions mention the fact that a royalty was exacted by the Chief on all such consignments, and the Jurors at Lifford, 1609, particularise Inver as yielding a royalty to the O'Donnell, while they record that McSwyne of Bansgh enforced a similar claim at Killybegs and Teelin. It is obvious, however, that they limit their statement to the Inland Revenue taxes; the Customs were the exclusive property of the O'Donnell.”

“A fishing-ground for cod, ling and other round fish, in 35 fathoms, lies 12 miles north-west of Portnoo. All Donegal Bay abounds in turbot, cod, ling, haddock, hake, glassan, conger, herring, mackerel, skad, sprat and other fish.” (Parl. Gaz. 1844-5 ii. 38).

“The Lough or Harbour of Killybegs,” says the Fishery Report of 1846, “is the safest on this coast; and several hundred sail of vessels have been known to be there at one time, purchasing or curing herrings. There do not now appear to be a dozen of boats in the whole lough, and none of them employed in the fishery. This bay, however, is the best rendezvous for the fishing vessels on that coast, Bruckless being too small, and all the rest unsheltered or shallow. Immediately to the westward, on a much more exposed situation, but nearer to the fishing-grounds (in Teelin) the boats are numerous.” Situated at the railway terminus, Killybegs is central, safe and easily accessible by sea and land.

Cottage industries, weaving, knitting and spinning have received a much-needed fillip from a sympathetic Home Government, while several local industries, such as turf, carrageen moss and kelp curing, have provided a welcome addition to the few sparse sources of revenue available to an industrious people compelled to wring a bare subsistence from an inhospitable soil. There are a few shirt-factories and woollen mills scattered throughout the County which give much-needed employment, especially to the younger female population in the towns.

The partial ban on emigration to America has evidently not succeeded in stemming the tide—it has merely diverted the overflow to Great Britain. There is a great temptation for these impoverished workers to emigrate when ready money can be so easily and quickly earned across the water. The emigration habit, has, moreover, now become so ingrained in the people of the western sea-board, that it is accepted as part of the normal routine of life, at least in the summer months. Very many of those who emigrate are from the Gaeltacht areas, along the west coast, and unfortunately many of the younger generation of native speakers never return to their native land, once they have succeeded in obtaining even a precarious livelihood abroad.

Ardara is the centre of the hand-weaving industry which has always existed in Donegal, but has gradually been developed and extended by the Congested Districts Board and the Industrial Development Association, until it is now in a flourishing condition. It is a sorely-needed source of revenue in many impoverished districts. From time immemorial Donegal men have spun the wool from their own sheep, and Donegal weavers have woven the famous homespun frieze from the undyed wool. The following interesting account of the industry is given by Mr. T. W. Rolleston, who was secretary of the Irish Industries Association until the cessation of its volunteer activities by that body, and the taking over of its functions by the Congested Districts Board:—

"If one could take a bird's-eye view of this country, at an early hour in the morning, on the last day of any month, he could not fail to notice the number of persons, single or in groups, men and women, who are moving along these roads from every direction towards Ardara. . . . When they arrive in Ardara, the nature of their business is clear. The white bundles each contain a big roll of homespun cloth, and they are bringing them to the Depot of the Congested Districts Board to be examined by the Inspector. Inside the Depot a scene of great activity is in progress. The tired peasant slings the big roll off his back, and straightens himself with relief as he gives in his name, and lays the cloth on a counter. Here two assistants take charge of it, and begin rapidly to unroll it for examination. The man's name, and the name of the townland where he lives, are entered on a label which is attached to the piece of cloth. A duplicate label is handed to the owner, which he must produce when he comes to take his cloth away for sale in the Fair next morning. On the other side of the room there runs another long counter, before which the Inspector stands, carefully scrutinising the cloth which is drawn slowly along the counter before him. He is on the look-out for faults such as unevenness of width or bars and streaks caused by irregularity in weaving. If the cloth is of good and uniform quality throughout, he places upon one corner of it a stamp composed of the letters C.D.B. (Congested Districts Board). The stamp carries with it a small award paid by the Board to the maker of the cloth.

"The number of webs examined at each monthly inspection varies according to the season. . . . In the winter season, the number sometimes exceeds one hundred—fifty, sixty and seventy are usual returns. Each web will be worth, on the average, say £5 at first cost. It will be seen that the interest dealt with, although purely and solely a cottage industry carried on in the homes of the people, is one of considerable extent, and it is one of vital importance to the inhabitants of this wild, remote and barren region. . . .

"Of the native dyes, those principally used are 'eroatl' and heather. Crotal is the Gaelic name for the grey lichen that grows on granite and certain other rocks in boggy districts. Boiled down with the wool it yields a dye, varying, according to the quantity used, from a pale buff to a very dark brown. Heather gives a bright yellow. Peat soot is used for a brownish yellow dye, and the roots of the blackberry give a beautiful rich brown. Indigo and madder, which of course are bought in the shops, are also much used. These colours are often combined to form other shades, and a pretty, variegated effect is obtained by a cunning admixture of little spots of pale-red or blue in the weft of a brown or fawn-coloured piece. A shade called "silver-gray" is produced by using a white warp with a weft of natural black wool. These webs are made from the fine Shetland-like wool of a breed of sheep which are found towards the extremity of the peninsula, about Malinmore. The other sheep of the district are mostly the black-faced Scotch sheep—the hardy little animals, with curly horns, which roam at will over the mountains, and pick up a living, like their owners, with much difficulty and hardship. As a rule, the owner of the raw material is not also the weaver. He clips his sheep; his wife and daughters card and spin the wool, and the yarn is then handed over to the weaver, who returns it in cloth, and who is usually a peasant artisan, working for hire; though there are, of course, cases where a sheep-owner is a weaver as well, or when a weaver will buy wool to make cloth for himself.

"The work of the Irish Industries Association in this region has been guided by Ruskin's golden maxim: "Ascertain what the people have been in the habit of doing, and encourage them to do that better; cherish above all things, local associations and hereditary skill."

The state of the country round Gweedore just one hundred years ago may be gathered from the following memorial addressed to the Lord Lieutenant in 1837 by Paddy McKye, the teacher in the National School:

"To his Excellency the Lord Lieutenant of Ireland:—
The Memorial of Patriek McKye, Most Humbly Sheweth—That the parishioners of this parish of Tullaghobegley, in the Barony of Kilmacrenan, are in the most needy, hungry, and naked condition of any people that ever came within the precincts of my knowledge, although I have travelled a part of nine counties in Ireland, also a part of England and Scotland, together with part of British America. I have likewise perambulated 2,253 miles through some of the United States, and never witnessed the tenth part of such hunger, hardships and nakedness.

Now, my Lord, if the causes which I now lay before your Excellency were not of very extraordinary importance, I would never presume that it should be laid before you.

But I consider myself bound in duty to relieve distressed and hungry fellow-men; although I am sorry to state that my charity cannot extend further than to explain to the rich where hunger and hardship exist in almost the greatest degree that nature can endure.

And which I shall endeavour to explain in detail with all the truth and accuracy in my power, and that without the least exaggeration, as follows:—

There is about 4,000 persons in this parish (the correct population in 1841 was 9,049, so that this is an under-statement), and all Catholics, and as poor as I shall describe, having among them no more than—one cart, no wheel cart, no coach or any other vehicle, one plough, 16 harrows, 8 saddles, 2 pillions, 11 hurdles, 20 shovels, 32 rakes, 7 table forks, 93 chairs, 243 stools, 10 iron grapes, no swine, hogs or pigs, 27 geese, 3 turkeys, 2 feather-beds, 8 chaff-beds, 2 stables, 6 cowhouses, one national school, no other school, one priest, no other resident

gentlemen, no bonnet, no clock, 3 watches, 8 brass candlesticks, no looking-glasses above 3d. in price, no boots, no spurs, no fruit trees, no turnips, no parsnips, no carrots, no clover or any other garden vegetables but potatoes and cabbage; and not more than 10 square feet of glass in windows in the whole with the exception of the chapel, the schoolhouse, the priest's house, Mr. Dombrain's house and the constabulary barrack.

None of their either married or unmarried women can afford more than one shift, and more than half of both men and women cannot afford shoes to their feet; nor can many of them afford a second bed, but whole families of sons and daughters of mature age indiscriminately lying together with the parents, and all in the bare buff.

They have no means of harrowing their land but with meadow rakes. Their farms are so small that from four to ten farms can be harrowed in a day with one rake.

Their beds are straw, green and dried rushes, or mountain bent; their bed clothes are either coarse sheets or no sheets and ragged filthy blankets.

And more than all I have mentioned there is a general prospect of starvation at the present prevailing among them, and that originating from various causes; but the principal cause is a rot or failure of seed in last year's crop, together with a scarcity of winter forage, in consequence of a long continuation of storms since October last in this part of the country.

So that they, the people, were under the necessity of cutting down their potatoes and give them to the cattle to keep them alive. All these circumstances connected together have brought hunger to reign among them, in that degree that the generality of the peasantry are on the small allowance of one meal a day, and many families cannot afford more than one meal in two days, and sometimes one meal in three days. Their children crying and fainting with hunger, and the parents weeping being full of grief, hunger, debility and dejection, with glooming aspect looking at their children likely to expire in the pains of starvation.

Also, in addition to all, their cattle and sheep are dying with hunger, and their owner forced by hunger to eat the flesh of such.

'Tis reasonable to suppose that the use of such flesh will raise some infectious disease among the people, and it may very reasonably be supposed that the people will die more numerous than the cattle and sheep, if some immediate relief are not sent to alleviate their hunger.

Now, my Lord, it may perhaps seem inconsistent with truth that all I have said could possibly be true; but to convince your noble Excellency of the truth of all that I have said, I will venture to challenge the world to produce one single person to contradict any part of my statement.

Although I must acknowledge that if reference were made to any of the landlords or landholders of the parish, that they would contradict it, as it is evident it would blot their honours if it were known abroad that such a degree of want existed in their estates among their tenantry. But this is how I make my reference, and support the truth of all that I have said: that is, if any unprejudiced gentleman should be sent here to investigate strictly into the truth of it, I will, if called on, go with him from house to house, where his eyes will fully convince him, and where I can show him about one hundred and fifty children bare naked, and was so during winter, and some hundreds only covered with filthy rags most disgusting to look to. Also man and beast housed together, i.e. the families in one end of the house and the cattle in the other end of the kitchen.

Some houses having within their walls from one cwt. to thirty cwts. of dung, others having from ten to fifteen tons weight of dung, and only cleaned out once a year.

I have also to add that the national school has greatly decreased in number of scholars through hunger and extreme poverty; and the teacher of the said school, with a family of nine persons, depending on a salary of £8 a year, without any benefit from other sources. If I may hyperbolically speak, it is an honour to the Board of Education.

One remark before I conclude. I refer your noble Excellency for the authenticity of above statement to the Rev. ———, Parish Priest, and to Mr. ———, Chief Constable stationed at Gweedore, and Mr. ———, Chief Officer of Coast Guard in same district.

Your most obedient and humble servant,

Patrick McKye."

"Is córaide dhúinn a mheas nach eadh amháin i ló a éaga bhíos an bás ag tóraigheacht ar an duine, acht fós go mbí do ghnáth ar a lorg. . . . Is iontuigthe mar sin gurab iomdha amus do-bheir an bás ar an duine sul mharbhas é. Agus is córaide sin do mheas, mar do-chítear dhúinn go meiniú géire na sgríob do-bheir an bás ar na daoineibh, mar is follus isna fiabhrasaibh, agus isna teidhmibh troma, agus is na guaisibh iomdha oile le ndéantar an duine do bhreódh leis, agus fós san aois féin le ngadtar go téaltuightheach sláinte agus bríogha an chuirp diaidh ar ndiaidh, go gcuireann an bás fá ghreim fá dheóidh é." (An Céitinneach).

VITAL STATISTICS.

1. Population (according to preliminary report of Census, 1936)	...	...	...	142,192
2. Number of Births	...	...	...	2,532
Rate per 1,000 of the population	...	...	...	17·8
3. Number of Marriages	...	...	...	650
Rate per 1,000 of the population	...	...	...	4·6
4. Number of Deaths from all causes	...	...	...	2,052
Rate per 1,000 of the population	...	...	...	14·4
5. Number of Deaths from Pulmonary Tuberculosis	...	...	...	107
Rate per 1,000 of the population	...	...	...	0·8
6. Number of Deaths from other forms of Tuberculosis	...	...	...	20
Rate per 1,000 of the population	...	...	...	0·1
7. Number of Deaths from Cancer	...	...	...	160
Rate per 1,000 of the population	...	...	...	1·1
8. Number of Deaths of Infants under 1 year	...	...	...	148
Rate per 1,000 Births	...	...	...	58
9. Number of Deaths from Principal Epidemic Diseases	...	...	...	56
Rate per 1,000 of the population	...	...	...	0·4
10. Number of Deaths from Puerperal Sepsis	...	...	...	5
Rate per 1,000 Births	...	...	...	2·0
11. Number of Deaths from other Puerperal Conditions	...	...	...	10
Rate per 1,000 Births	...	...	...	4·0

BIRTHS.

YEAR.	Rate per 1,000 of Estimated Population.	
	DONEGAL.	SAORSTAT.
1929	17·94	19·78
1930	17·0	19·81
1931	16·73	19·30
1932	16·4	19·3
1933	17·0	19·2
1934	16·7	19·49
1935	16·3	19·61
1936	17·8	19·6

The birth-rate which in general has shown a tendency to fall for some years past, is again apparently on the up-grade. It is to be noted, however, that the previous rates have been calculated on the basis of the figure for the 1926 population. If the latter figure (152,508) be used as a basis of computation for the present year, the birth-rate is reduced to 16·6 per 1,000, which is, however, an improvement on last year's figure.

The total number of births exceeded the total number of deaths by 520. The corresponding increases for each year since 1929 are as follows:

YEAR.	Increase of Births over Deaths.
1929	497
1930	558
1931	529
1932	422
1933	522
1934	587
1935	420
1936	520

INFECTIOUS DISEASES.

The Infectious Diseases notified during the year 1936 are classified in the accompanying Table, opposite the Dispensary Districts in which they occurred.

TYPHOID FEVER.

From the appended Table it will be evident that the cases notified were very few in number and occurred in widely-scattered districts. The fact that two was the maximum number of cases in each district is a clear indication that the District Medical Officers act promptly, and take all necessary precautions to prevent contacts from acquiring the disease. These precautions include immunisations with anti-typhoid vaccine and warning the inhabitants to boil all water and milk until such time as these have been proved to be free from suspicion. The earlier that cases (even if only suspected of

infection) are removed to hospital the better chance there is of preventing spread of the infection. It cannot be too often emphasised that the whole problem of prevention consists in seeing that the typhoid organisms excreted in the urine and faeces of typhoid patients and 'carriers' are not swallowed in food or drink by healthy people. In this as in many other diseases the sequence of events may be described as a vicious circle: Carrier (or case of typhoid)—excretes bacilli in urine and faeces—these contaminate food or drink—ingested food or drink containing these bacilli—cause cases of typhoid fever and carriers,—and so the chain is completed. If this chain is broken at any of its links, the disease cannot spread. The necessity for careful washing of hands after excretion is very obvious from the above. Where dry privies and middens exist, a further danger is to be apprehended from flies. These feed on human excreta, and become infected themselves with the organism. They then excrete swarms of typhoid bacilli on food in houses, so that they may, under insanitary conditions, cause widespread outbreaks of this dread disease. A water-borne sewage system is almost a guarantee against any serious epidemic, so much so that typhoid fever may be said to be an index of the sanitary condition of a community. The disease has practically disappeared from modern towns and cities with the installation of safe water-supplies and water-borne sewage systems. Unprotected wells in rural districts, no matter how pure the water may be in its natural condition, are always liable to contamination by vagrants and others. Apart from these hazards, infective excrementitious matter may be washed into open wells after heavy floods, and so cause a serious epidemic.

The following are particulars of the number of cases of Enteric Fever, and the deaths therefrom, for each year since 1930, in Donegal County:

YEAR.	Number of Cases.	Number of Deaths.
1930	75	10
1931	51	5
1932	24	4
1933	46	9
1934	39	2
1935	42	1
1936	10	2

TYPHUS FEVER.

No cases have been notified since 1931. Briefly, this infection may be said to be a "dirt disease," the agent of infection being the body louse (and occasionally the bed-bug). Lice are found only where people neglect to keep their clothing and their bodies clean. So one may safely say, as far as rural Ireland is concerned: "no lice, no typhus." Occasionally a case may arise from second-hand clothing containing infected lice or from a dirty vagrant, but there can be no epidemic if the population as a whole are free from lice.

SCARLET FEVER.

The actual number notified (335) bears very little relation to the actual number of cases that occurred. This infection was very wide-spread during 1936, and a large number of cases were not notified. The disease was mild in nature, and very many cases were either not seen at all by a doctor, or only recognised in the peeling stage. In contradistinction to former views, patients in the latter stage are not now considered to be infectious.

The epidemic prevalence was not confined to this County. The whole Free State was involved practically to the same extent, and everywhere the incidence was mild in type, approximating once again to Sydenham's description "Hoc morbi nomen."

DIPHThERIA.

Thirty-four (34) cases with (4) deaths. This is a big reduction on last year's figures (70 cases with 8 deaths). It is to be noted, however, that the mortality from this disease remains consistently high. Hospital statistics are unanimous in emphasising that each extra day's delay in administration of anti-toxic serum means a higher death-rate. Parents, therefore, should not delay to send for medical assistance in every case of persisting sore throat. Delay is dangerous, and may mean death for the child.

INFECTIOUS DISEASES NOTIFICATIONS—CO. DONEGAL.

Dispensary District.	Tuber- culosis.	Enteric Fever.	Diph- theria.	Scarlet Fever.	Puerperal Fever.
Ardara	6	—	—	10	—
Ballintra	—	—	1	18	—
Ballyshannon	3	—	8	34	—
Buncrana	2	1	1	—	—
Carndonagh	—	—	—	14	—
Carrick	3	—	—	—	—
Castlefin	3	—	—	4	—
Churchill	1	—	4	5	—
Cloghan	1	—	—	—	—
Clonmany	—	—	1	6	—
Cross Roads (Falcarragh)	6	—	—	5	—
Cross Roads (Bunbeg)	1	—	—	4	—
Donegal	—	—	4	10	—
Doochary	1	—	3	4	—
Dunfanaghy	—	—	4	—	—
Dungloe No. 1	2	2	—	2	—
Dungloe No. 2	6	—	—	18	—
Dungloe No. 3	—	—	—	—	—
Dunkineely	1	—	—	25	1
Fanad	3	—	—	9	—
Glenties	2	—	—	17	—
Kilderry	9	—	3	2	—
Killea	—	—	—	2	—
Killybegs	2	—	—	2	1
Killygordon	—	—	—	—	—
Kilmacrenan and Milford	—	—	—	2	—
Laghey	—	—	—	—	—
Letterkenny	13	2	1	43	1
Malin	—	—	—	15	—
Manorcunningham	—	1	—	9	—
Moville	—	—	—	19	—
Pettigo	1	—	—	—	—
Ramelton	—	—	—	2	—
Raphoe	2	2	3	12	—
Rathmullan	—	—	—	—	—
Rosguill	6	—	—	34	—
Stranorlar	1	2	—	1	1
Tanatallon	—	—	1	7	—
TOTAL	75	10	34	335	4

HOUSING.

The great impetus given to Housing in the Free State by the numerous recent legislative enactments is reflected in the number of neat, well-built cottages now dotting the countryside even in the most remote regions. One cannot but be struck, in the course of a casual survey, with the striking improvement in rural housing manifested of recent years, not alone in working-class dwellings but also in those erected by private persons, or even speculative builders. One gets the impression from housing surveys both in rural and in urban areas that many of the older existing houses were built on haphazard lines, with no attention to details of sanitary technique. It is rare to find one of these houses which is not damp, to some degree, in winter. This is scarcely to be wondered at, for there was no evidence of a damp-proof course to be obtained in the vast majority of them. The windows are usually very small and few in number, so that it is not uncommon to find families whose indoor life is spent in a condition of semi-obscurity from morning to night. Roofs, windows and floors are generally in a state of marked disrepair, and floor space is quite inadequate. The only redeeming feature of many of these poorer-class dwellings is that the rents are very low, varying from one to three shillings per week. Most of them would be dear at any price. It is worthy of note that the large majority of tenants are eager for modern dwellings, and express their willingness to pay an increased rent, even though this may involve an economic sacrifice. Applications for newly-built labourers' cottages are so numerous these days that a large part of the time is spent by the Housing Committee at the monthly Meeting of the Board of Health adjudicating on the merits of each case. It is well to see that the public conscience in regard to housing, so long dormant, has been awakened into full activity, and that the workers are ready and anxious to take full measure of the benefits provided for them.

Housing surveys of three of the principal towns in Donegal, namely, Letterkenny, Buncrana and Bundoran, were completed during the course of the year. As will be mentioned in the following separate detailed accounts for those three towns, two of these surveys had already been made, but had to be repeated owing to the death of Dr. O Deagha.

LETTERKENNY.

A complete housing survey of this important town was completed and submitted to the Urban Council by the late Dr. O Deagha on July 6th, 1935. Though the Council had expressed themselves previously as anxious to prepare a housing scheme on a large scale, they were evidently not quite prepared to undertake the large amount of work involved in implementing this report. As a consequence, this "official recommendation" was not finally adopted by them until 16th March, 1936. The death of Dr. O Deagha complicated matters, inasmuch as the author of the report would necessarily be required to give personal sworn testimony at any special public inquiries arising out of the adoption of the report. As the Acting Medical Officer of Health could not find time to carry out a new inspection of the houses concerned, the matter was left over to be dealt with by the new County Medical Officer of Health.

It is evident therefore that the housing scheme in Letterkenny has been unavoidably held up through a rather unfortunate combination of circumstances. However, a full and detailed report covering all the matters dealt with in Dr. O Deagha's original scheme was finally completed and handed in to the Urban Council by the end of August, 1936.

The following is a summary of the recommendations made in the above report. They are practically identical with those made by the late Dr. O Deagha.

Date of Report	No. Houses Reported on	For Demolition	For Closing.	For Repair.
3-7-'36 (also referred to in letter of 29-8-'36) ...	42	41	—	1
5-8-'36 ...	3	3	—	—
28-10-'36 ...	61	55	5	1
	106	99	5	2

ACTION TAKEN BY URBAN COUNCIL ON REPORTS.

REPORT Dated 3rd July, 1936. ORDERS Made 9th September, 1936.

Undertakings accepted to carry out repairs	...	...	21
Undertakings accepted that houses will not be used for human habitation	...	...	3
Demolition Orders made	...	...	12
Deferred for 6 months (for consideration 3-5-'37)	...	...	1
Deferred sine die	...	...	3
For Closing Order (part of house in respect of which undertaking was accepted for repairs)	...	...	1

REPORT Dated 5th August, 1936.

Compulsory Purchase Order made in respect of land in Clearance Area	3
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REPORT Dated 28th October, 1936.

No Orders made by the Urban Council in the year 1936 on the houses the subject-matter of this Report.

BUNCRANA.

The following official representation was made as a result of the housing survey of this town:—

“A Chara,

As instructed by your Council, we commenced a survey of the housing conditions in the Urban Area on 1st October, 1936, and continued it on the following dates, 2nd, 5th, 6th, 8th, 15th, 20th and 21st October, 1936.

We had before us a list of 25 houses reported on by Dr. McCormick on 20th May, 1932, as being unfit for human habitation and we were directed by your Council to include a further 15 houses. These 40 houses have been carefully examined and particulars of them noted. We have also examined additional dwellings, to which our attention was drawn in the course of our survey.

We attach detailed particulars of the condition of each house, setting out the names of occupier and owner, the rent, number of rooms, number of occupants, and the state of the walls, ceilings, windows, roof, sanitary accommodation, etc., and a reference to the site where such appears to be called for.

In our opinion, there are 30 dwelling-houses at present occupied which are unfit for human habitation and which appear to us to be incapable of economic repair, These should be replaced by healthy dwellings.

There are 4 derelict houses, the sites of which should be cleared. These sites should not be acquired by your Council for building unless they are suitable for this purpose.

The yards at the back of the whole row of houses comprising Park Avenue are in a very insanitary condition. They are full to overflowing with decaying refuse of all kinds, and there is no dividing-wall between the yards of the different houses. A certain elementary necessity for privacy should, alone, influence the Urban Council to insist on provision of proper division-walls for each separate yard.

Thirty-seven dwelling-houses are in a marked state of disrepair. The defects in these are in some cases very serious and unless your Council insists on these dwellings being put into a proper sanitary and comfortable state, they will leave untouched an aspect of the housing problem in Buncrana which constitutes a serious menace to the health of its inhabitants.

It is a matter calling for comment that many of the houses included in this survey, in addition to being in a very insanitary condition, show evidence of gross overcrowding as well.

Your Council is at present building 28 houses, which will partly meet the existing demand for healthy dwellings.

As a result of our survey we are of opinion that a further 2 houses are required to satisfy the immediate demands of persons who are occupying insanitary dwellings which are incapable of repair, and that 32 houses are needed to accommodate persons who are living in overcrowded houses, making a total of 34 new houses. In addition to these, as we have already indicated, the insanitary condition of 37 houses in bad repair should be immediately ameliorated.

The overcrowding survey, as such, includes 30 families, all living in rooms. It is rather appalling to find families of 4, 5, 6, 7 and 8 people all living, sleeping and eating in one apartment from year's end to year's end. Such gross overcrowding calls for immediate action with regard to provision of suitable housing. Medical research and practical experience amply testify to the fact that overcrowding is a very potent factor in the dissemination of infectious disease of every variety. Statistics from all countries are unanimous in pointing out the high death-rate from measles, scarlet fever, diphtheria, whooping cough, and epidemic diarrhoea in such communities, apart from the many minor forms of ill health, due to lack of cleanliness and fresh air, arising from such unfavourable surroundings. As overcrowding is a matter apt to be completely overlooked unless public attention be directed to it, it may be well to point out that these unfortunate people are very often more unfavourably circumstanced in the fight against disease than even those dwelling in insanitary houses. They are compelled, for lack of suitable housing accommodation, to put up with conditions of life intolerable to any healthy-minded citizens. In short, no housing scheme could be termed even remotely satisfactory in which provision for such people is not given very serious consideration.

There are points arising out of this survey which, we feel, call for special comment from the public health point of view.

Firstly, the terrible condition of the common passage at the rear of the houses in Park Avenue. As your Council are probably aware,

this passage has been made a common dumping-ground for all kinds of house and animal refuse, and may truthfully be described as a festering sore in a thickly-populated part of the town. It is a well-known fact that immense injury can accrue to the public health from such accumulations of filth. First of all, through the special facility which they provide for the spreading of certain specific infections, and, secondly, through the indirect influence which uncleanness almost necessarily exerts against public health. The broad knowledge that filth makes disease is amply testified to in the mass of sanitary legislation handed down, and added to, generation after generation. These collections of refuse afford an ideal breeding-place for flies and swarm with all forms of microscopical animal life, many of which are injurious to man. If this nuisance be not dealt with immediately, swarms of flies may be expected in these houses next summer. Flies, by reason of their dirty habits, and ubiquitous excursions from one collection of filth to another, are a grave danger to health. They are the indirect infective agents in summer diarrhoea and in the dreadad typhoid fever. Furthermore, refuse-heaps exposed to rain and storm, are liable to diffuse disease by reason of dissolved infective matter soaking through the soil with possible infection of even piped water supplies. We feel that the Council should take over the scavenging of this district, at least, in view of the apathy and indifference of the householders to their elementary duty in this regard. No picture need be drawn of the inevitable unhealthiness of any community, whether large or small, which allows its decaying refuse matters to gather in its near vicinity. Furthermore, no community can be expected to regulate their households on a basis of that strict cleanliness which is the groundwork of healthy living while decaying garbage is allowed to accumulate at their doors.

Secondly, it is a matter for concern, in a town with such an excellent water-supply, that our survey should have included at least 25 houses served by dry privies, and 13 houses with no sanitary accommodation whatsoever. It is well known that the practically complete disappearance of typhoid fever in civilised communities has coincided with the abolition of such primitive sanitary arrangements, and the installation of water-borne sewage systems. It is a matter for regret, and dismay, that such primitive methods of sewage disposal are still allowed to exist in a large and populous town like Buncrana, catering for large numbers of seaside visitors in Summer.

Thirdly, there appears to be a lack of civic spirit very evident in the matter of wastage of water, from public taps in particular. We can sympathise with Mr. Doherty, the water-caretaker, in his industrious efforts to combat this wastage. But we realise that he is powerless in the face of lack of public co-operation. Several times in the one day, during our survey, we have seen him turn off water taps, left flowing full strength by careless members of the public. It is not sufficiently recognised, we imagine, what enormous wastage of water may occur in this manner alone.

In conclusion, we would emphasise that these remarks are intended in no carping spirit. They arise from a sincere desire to see Buncrana take its rightful place, as one of the four leading towns in the County, in the forefront of enlightened local administration, both from the standpoint of adequate housing accommodation, and of perfected sanitary technique."

As the above report was only completed and handed in on the 7th of December, no active steps to implement it could be taken before the end of that year. It was, however, unanimously adopted by the Urban Council, and it is hoped that steps will be taken in the near future to provide the necessary accommodation indicated in the report, and to remedy the existing housing defects.

BUNDORAN.

The survey in this case was not completed in time to hand it in for the year 1936. It is expected to be ready for submission to the Urban Council by the beginning of February, 1937. The report will include 14 occupied houses, 4 derelict houses, and 1 caravan—a total of 19 premises.

COUNTY HEALTH AREA.

I am indebted to the Secretary to the Donegal County Board of Health and Public Assistance for the following statement re Labourers' Cottages:—

- (1). 109 cottages were completed during the year.
- (2). 132 cottages were in course of erection at the end of December, 1936.
- (3). No houses were demolished during the year.
- (4). Sites were selected for 500 additional cottages, and it is expected to have the necessary reports in hand at an early date.

HOUSING (GAELTACHT) ACTS.

I am indebted to the Roinn Tailte for the following information in regard to the working of the Housing (Gaeltacht) Acts in Donegal:—

(1). Number of applications for grants available under above Acts	3,491
(2). Number of applications granted	1,853
(3). The amount allocated for above	£137,905 5 0
(4). The amount paid	£72,212 6 5

With regard to (2) above, there are 382 cases in which the work was not proceeded with, and the amount allocated for these was accordingly withdrawn. The net result was, therefore, that 1,471 cases were sanctioned, and for these £109,202 was the sum allocated.

The above information covers the period from the inception of the above Acts until 31st December, 1936.

TOWN SANITATION.

In furtherance of the Board's Scheme for providing Water-Supplies and Sewerage facilities throughout the County, important schemes were promoted and carried out during the year 1936.

The town of Ballyshannon, population 2,112, was provided with the first section of its new sewers, at a contract price of £6,551 7s 4d. The town, although one of the largest in the County, had very primitive arrangements in regard to sewerage, but as far as the North side of the river is concerned, it has now sewers in accordance with modern requirements, with a sewage tank and an outfall direct to the sea. It was found impossible to include the South side of the town during the year, on account of the cost, but a complete scheme for the town was prepared, and arrangements were made to carry out the South side portion next year.

Donegal town water-supply, which was constructed some 35 years ago, has in recent times exhibited the defects which are expected with advancing age. In addition to these, a serious leakage was located in the old open reservoir. After careful consideration, it was decided to provide a new roofed reservoir and new pressure type filters. The costs of these works were £985 0s 0d and £1,134 0s 0d respectively. Contracts were entered into and the works placed in hands. The filters are designed to free the water from all matter in suspension, and to remove the peaty discolouration.

The town of St. Johnston (population, 270), which had no public water-supply beyond two shallow wells, was dealt with during the year. Springs, some 3 miles from the town, were collected and carried to a service reservoir in cast iron piping and thence distributed to the town—fountains, fire hydrants and fire appliances being provided for. The cost of the scheme is £3,587 17s 0d, and good progress has been made in its construction.

Amongst the smaller works undertaken were improvements to Milford Waterworks (£698 7s 0d), and extension to Carrigart Waterworks (£415 0s 0d), Contracts for which have been placed.

In all schemes undertaken by the Board of Health and Public Assistance, State Grants have been provided, amounting to approximately one-third of the cost.

SLAUGHTER-HOUSES AND MEAT SHOPS.

The fact that meat from the carcases of tuberculous cows is liable to give rise to the disease in human beings would alone be sufficient reason for careful inspection of our meat supplies by competent inspectors. It is well known, however, that much disease and ill-health of other kinds, are directly traceable to eating the flesh of diseased animals, so that it is an elementary duty of a civilised State to ensure that strict supervision of all meat or other food supplies be provided for from the public purse.

Unfortunately the multiplicity of slaughter-houses in rural Ireland makes it very difficult to provide for that rigorous inspection of all carcases which one would wish to see enforced for the prevention of avoidable public morbidity. The majority of these slaughter-houses, all of which are privately owned, and therefore not capable of constant supervision, are badly situated, poorly constructed and ill-equipped buildings dating from a period in our social history when the significance of meat inspection was not so carefully appreciated as in modern times.

The Report of the Departmental Committee on Foot and Mouth Disease of 1922 stated that:—

“The use of private slaughter-houses—especially those attached to farms or dairies—has been responsible for the spread of disease in many districts. In our view it is very undesirable that in an infected district animals should be permitted to be slaughtered in slaughter-house premises which are occupied in conjunction with or adjacent to land on which stock is kept. Further, the use of such slaughter-houses facilitates concealment of disease and involves great risk of its spread, but while it may not be practicable entirely to prohibit the use of private slaughter-houses we strongly urge that sanitary authorities should, in the public interest, refrain from licensing premises which are not so constructed as to permit of their effective disinfection.”

Model bye-laws framed for private slaughter-houses include the following:—

- (1). The premises should not be within 100 feet of any dwelling-house, and the site should be such as to admit of free ventilation, by direct communication with the external air on two sides at least of the slaughter-house.
- (2). Lairs for cattle should not be within 100 feet of a dwelling-house.
- (3). The slaughter-house should not be, in any part, below the surface of the adjoining ground.
- (4). The approach to the slaughter-house should not be on an incline of more than one in four and should not be through any dwelling-house or shop.
- (5). No room or shop should be constructed over the slaughter-house.
- (6). The slaughter-house shall be provided with an adequate tank, the bottom of which shall be not less than six feet above the level of the floor of the slaughter-house.
- (7). The slaughter-house should be provided with proper ventilation. It should be well paved with asphalt or concrete, and laid with a proper slope and channel towards a gully, which should be properly trapped and covered with a grating, the bars of which should not be more than three-eighths of an inch apart. Provision should also be made for the effectual drainage of the slaughter-house.
- (8). The surface of the interior walls should be covered with hard, smooth, impervious material to a sufficient height.
- (9). No water-closet, privy or cesspool should be constructed within the slaughter-house. There should be no direct communication between the slaughter-house and any stable, water-closet, privy or cesspool.
- (10). No habitable room should be constructed over any lair.
- (11). No dogs should be allowed near a slaughter-house.

Model bye-laws further provide for the licensing, registering and inspection of slaughter-houses, for preventing cruelty therein, for keeping the same in a cleanly and proper state, for removing filth at least once in every twenty-four hours, and requiring such slaughter-houses to be provided with a sufficient supply of water.

ABATTOIRS.

All progressive large towns and cities have abolished private slaughter-houses in favour of the installation of public abattoirs. The collective system as practised in Australia favours the complete control of all the work by the management. The killing and other processes are carried out by the Board's employees on behalf of the firms. This system calls for less capital expenditure and is capable of more economical working than the pen system, where each firm has its own rooms and supplies its own labour.

It is only in the public abattoir that bye-products can be utilised to their fullest extent. Private slaughter-houses cannot, as a rule, provide sufficient material to allow of its profitable collection and disposal. On the other hand, the large number of carcasses dealt with in a public abattoir renders it quite worth while to deal with manure, skin, hoofs, intestines, bones and other offal on an economic basis.

Abattoirs should be built near a railway to avoid carting or driving cattle through the streets, while the cattle market should be adjacent to the abattoir. Lairage should be provided for three times the number of an average daily kill. Water and feeding-troughs should be installed. Food is usually withheld from animals about twelve hours before slaughter. To secure adequate ventilation the lairs should be separated from the slaughter hall by an open road. The doors of the lairs and the slaughter hall should be opposite one another to facilitate the passage of the animals. An ideal abattoir includes a chill-room for the storage and conditioning of the meat; this enables the abattoir to be used daily and permits of the construction of smaller buildings. The abattoir must be constructed so that it can be kept scrupulously clean with the minimum of labour. All abattoirs should keep out rats and mice and flies.

Among other progressive measures, the provision of a system of regional abattoirs in suitable areas in Donegal was, I understand, adumbrated by my late predecessor in the earlier years of his office. This excellent project has apparently receded into the limbo of forgotten things, consequent possibly on the mass of new legislation enacted within recent years involving other important public health problems. The establishment of such a scheme would be an admirable solution of the vexed problem of the private slaughter-house, the main difficulty at the moment being the financial aspect.

It is hoped to press for the establishment of public abattoirs in the three larger towns in the near future. Letterkenny Urban Council have agreed to the principle of the scheme, but it has not been possible, so far, to find a suitable site which would not involve too much expense. Unfortunately, one site which seemed to be quite suitable, was not available for the purpose on inquiry from the owner.

REPORTS OF VETERINARY INSPECTORS.

The reports received from the Veterinary Inspectors for the year 1936 are printed as appendices to this report.

TUBERCULOSIS.

We have not yet succeeded in obtaining a suitable set of premises for the projected central dispensary in Letterkenny. The present premises are most primitive, and not in the least calculated to inspire respect for our methods of treatment in the minds of the general public. My late lamented predecessor, Dr. O Deagha, had plans drawn up for the erection of an adequate clinic to provide for a combined nurse's home, a tuberculosis and maternity and child welfare clinic. Unfortunately, the scheme would appear to have dropped into oblivion owing to his untimely demise, but it is hoped to proceed with the matter again with the least possible delay. Clinics for the diagnosis, treatment and prevention of tuberculosis are held as follows:

EACH FORTNIGHT—At Letterkenny, Carndonagh, Donegal, and Glenties.

EACH MONTH—At Dunkineely, Carrick, Ardara, Dungloe, Pettigo, Ballyshannon, Milford, Tamney, Creeslough, Carrigart, Buncrana, Clonmany, Muff, Moville, Stranorlar, Raphoe, Lifford, Dunfanaghy, Falcarragh, Bunbeg, and Frosses.

Arranmore Island is visited as required by the local Medical Officer. In addition suspected cases are visited in their homes by the request of their own doctor, or of any other responsible person interested, provided the dispensary doctor is agreeable.

ATTENDANCE AT CLINICS.

January	...	68	July	...	247
February	...	194	August	...	194
March	...	165	September	...	206
April	...	131	October	...	163
May	...	112	November	...	214
June	...	80	December	...	154

Every effort is made to ensure that all contacts are examined clinically, and if necessary, x-rayed. Dr. Daly of Ballyshannon deserves the best thanks of this department for his readiness in facilitating us in every way, and for the high level of radiography and diagnosis which he has provided at the Sheil Hospital for our patients. It is a great convenience to have an efficient plant in the County, as otherwise patients would require to go to Dublin for x-ray. Actually, of course, some patients are obliged to travel a tremendous distance even to get as far as Ballyshannon, but at the moment this is unavoidable. It is nowadays a commonplace of medicine that a convenient and modern x-ray plant is one of the first requisites for a successful Tuberculosis Scheme. It is hoped that both the new County Hospital at Letterkenny, and the projected County Sanatorium will have the most up-to-date modern plants installed.

DOMICILIARY VISITS.

Donegal, thanks to my late predecessor's energy and organising ability, has a very fine service of district nursing. There are thirty of these nurses in the County, and all are part-time tuberculosis nurses under the scheme. They visit patients regularly, and often cause contacts and other suspicious cases to present themselves at the clinics for examination. They are an excellent body of nurses, and deserve the greatest praise for the high standard of efficiency they attain. Owing to their intimate contact with the people in the course of their district duties, they may be said to have their finger on the pulse of the community. They are thus in a position to obtain valuable information for the tuberculosis officer, and in addition they are a constant source of education for home patients, advising them wisely and well in all matters pertaining to the avoidance of spread of the disease.

All children presenting suspicious signs at school medical inspection are likewise invited to attend at the clinics from time to time, and are kept under fairly constant surveillance by the above-mentioned public health nurses.

The total of visits paid by them during the year was divided as follows between thirty nursing districts:

Annagry	...	114	Derrybeg	...	82
Ardara	...	320	Donegal	...	288
Arranmore	...	439	Doochary	...	192
Ballyshannon	...	549	Drumholm	...	465
Bruckless	...	171	Dunfanaghy	...	297
Buncrana	...	210	Dungloe No. 1	...	666
Bundoran	...	780	Fahan and Inch	...	157
Carndonagh	...	208	Fanad No. 1	...	156
Carrigart	...	190	Fanad No. 2	...	220
Clonmany	...	161	Glencolumbkille	...	228
Frosses	...	122	Kilcar	...	75
Gortahork	...	217	Lifford, Clonleigh, and		
Letterkenny	...	318	Castlefin	...	242
Moville	...	205	Rathmullan	...	204
Ramelton	...	306	Stranorlar	...	157
Convoy	...	102			

INSTITUTIONAL TREATMENT.

Every endeavour is made to secure early admission to Peamount Sanatorium for early cases of the disease. There is still prevalent in Ireland, unfortunately, the pernicious habit of mind which regards the diagnosis of tuberculosis as a stigma on the family, to be avoided at all costs—even that of the health and well-being of the whole family, not to mention other unlucky contacts! It is nearly time that the Irish people began to recognise that tuberculosis is not a disgrace, that it is an infectious disease just like measles or typhoid, that it can be cured if taken in the early stages, and that concealment of the presence of a case in a family amounts almost to a criminal proceeding. Parents should be grateful for the conveniences offered to their children and themselves in the diagnosis and prevention of this dread malady which takes such a toll of useful Irish lives. It is not uncommon to find a patient with symptoms of early disease, eminently curable, refusing to go to a sanatorium for treatment because he feels too well. Almost invariably, also, one meets a large proportion of these patients within a year to six months with obvious signs of advanced lung disease. They will tell you they are now ready to go away for treatment. Unfortunately, it is often too late in the majority of cases. Without proper care, the disease can make alarming, if insidious inroads, within the short space of 6—12 months. A great deal of intensive propaganda will be needed to educate public opinion to the urgent necessity of sanatorium treatment for early cases.

The accompanying table shows the admissions to and discharges from the various local and extern institutions during the year :

NAME OF INSTITUTION.	Admissions	Discharges or Deaths.	No. remaining on 31/12/1936
Donegal District Hospital ...	58	63	14
Glenties District Hospital ...	61	67	11
Carndonagh District Hospital ...	38	38	16
Letterkenny District Hospital ...	—	1	—
Lifford District Hospital ...	32	33	2
Cappagh Open-Air Hospital ...	7	5	6
Coole Open-Air Hospital ...	2	6	6
Peamount Sanatorium ...	53	52	39
Other Extern Institutions ...	7	5	5
TOTALS	258	270	99

NON-PULMONARY TUBERCULOSIS.

Most of the chronic discharging ulcers and disfiguring bone disease seen in the juvenile population are the direct result of drinking milk from tuberculous cows. This is a fact not sufficiently appreciated by the people in rural communities, for whom it has a most profound significance. It would be well for them to realise that old cows are very prone to develop tuberculosis especially if kept in insanitary surroundings. Any cow that remains thin and wretched-looking, or that has a chronic cough or develops sores on the teats or udders (these are particularly dangerous), should be immediately suspect, and subject to examination by a veterinary surgeon. Not only is it almost criminal to retain such an animal for milking, it is even more criminal to proceed to hastily dispose of the animal to some unwitting purchaser. The deed is on a par with the execrated war-propaganda stories of putting disease organisms into a community's well or food supplies. The person who sells a tuberculous cow for milking purposes must always have it on his conscience that he is indirectly, but inevitably, about to encompass the death and disfigurement of several youthful members of his own race. It is an appalling thing that any Christian should even contemplate such an act, still for the sake of saving a few pounds it is often done. The responsible parties, of course, fail to reason out the consequences of their act, so it is as well to give the matter full publicity.

MATERNITY AND CHILD WELFARE ACTIVITIES, 1936.

DISTRICT.	Expectant and Nursing Mothers	Visits Paid.	Infants under 1 year.	Visits Paid.	Children under 5 years.	Visits Paid.
Annagry	86	1159	46	518	138	1410
Ardara	...	954	58	366	118	1424
Arranmore	91	1043	25	501	117	1235
Ballyshannon	75	1011	35	529	137	1311
Bruckless	83	111	108	641	235	1394
Buncrana	149	424	42	890	255	1676
Bundoran	52	1920	48	1261	87	3181
Carndonagh	108	948	59	430	134	1290
Carrigart	74	600	66	480	144	840
Clonmany	70	500	62	350	180	1840
Convoy	68	679	34	982	105	1063
Derrybeg	100	891	33	290	138	988
Donegal	70	1818	729	609	2432	2345
Doochary	50	830	38	324	89	2528
Drumholm	101	3321	47	684	90	1514
Dunfanaghy	62	1133	31	549	114	1140
Dungloe	166	961	94	1128	262	2045
Fahan and Inch	87	232	60	457	130	1454
Fanad No. 1	97	1164	50	600	145	1740
Fanad No. 2	80	1106	32	362	118	1320
Frosses	55	550	55	550	204	1300
Glencolumbkille	55	733	35	884	146	2589
Gortahork and Falcarragh	88	1046	80	1019	190	1431
Kilcar	86	1455	34	1110	114	2319
Letterkenny	154	1232	145	1160	348	1292
Lifford, Clonleigh and Castlefin	137	997	90	762	210	623
Moville	82	669	47	408	151	1926
Ramelton	42	190	43	510	132	2769
Rathmullan and Glenvar]	298	986	218	586	1070	1426
Stranorlar	61	476	112	773	53	1705
By Temporary P.H. Nurse M'Laughlin	90	90	98	98	846	846

MATERNITY AND CHILD WELFARE.

The accompanying table sets out in tabular form the various activities comprised under above heading.

Miss Casey, Superintendent Public Health Nurse, in addition to her numerous other duties, was responsible for the following useful work:

Number of Expectant and Nursing Mothers visited	...	198
Number of Visits paid during the year	...	227
Number of Infants under 1 year visited	...	240
Number of Visits paid during the year	...	296
Number of Children under 5 years visited	...	643
Number of Visits paid during the year	...	676

She reports: "Twenty-six visits were paid by me to Jubilee and Dudley Nurses in connection with Maternity and Child Welfare. There are thirty of these Nurses in the County. They devote a considerable portion of their time to this work, and render invaluable assistance to mothers and children."

Largely due to the far-sighted policy and organising genius of my late predecessor (Dr. Sean O Deagha), Donegal is now happily served by 30 health clubs, each with its own district nurse. These local nurses function as a part-time public health staff in connection with Child Welfare and Maternity Schemes, being subsidised specially for this purpose by the Board of Health. They need no special words of praise to emphasise their excellent qualities. The district nurse may be said to be the cream of the profession. "To qualify for enrolment she must have had not less than three years' training in an approved hospital, and be registered on the State Register of general nurses. Furthermore, she is compelled to take an additional six months' training at an approved centre in District Nursing, and to undergo examination at the end of this period. If she intends to practise midwifery she must take the further courses required to qualify for the C.M.B."

The advantages, especially to a rural community, of such highly-trained and efficient workers cannot be over-estimated. Donegal may well thank its late County Medical Officer of Health for its excellent district nursing service.

INFANTS' DEATHS' (UNDER ONE YEAR) IN DISTRICTS SERVED BY JUBILEE NURSES, 1936.

Number of Infants' deaths under one year	...	35
Feeding:—		
Artificially fed (cows' milk and water)	...	5
Partially Breast Fed	...	6
Totally Breast Fed	...	9
No record of feeding—(Died shortly after birth, etc.)	...	15

Causes of Death:—

Bronchitis	...	...	...	1
Bronchial Pneumonia	...	...	...	7
Congenital Heart Disease	...	...	...	1
Convulsions	...	...	...	2
Erysipelas	...	...	...	1
Found dead in bed	...	...	...	1
Infantile Diarrhoea	...	...	...	2
Meningitis	...	...	...	1
Spina Bifida	...	...	...	1
Premature and weakly from birth	...	...	...	13
Whooping Cough	...	...	...	4
Cause of Death unknown	...	...	...	1

INFANTS' DEATHS (OVER ONE YEAR) IN DISTRICTS SERVED BY JUBILEE NURSES, 1936.

Number of Infants' Deaths over one year and under five years 15

Feeding during first year of life:—

Artificially fed	...	...	...	4
Partially Breast Fed	...	...	...	4
Breast Fed	...	...	...	6
No record of feeding	...	...	...	1

Causes of Death:—

Bronchial Pneumonia	...	...	...	3
Congenital Heart Disease	...	...	...	1
Accidentally Drowned	...	...	...	1
Lysol Poisoning	...	...	...	1
Marasmus	...	...	...	1
Meningitis	...	...	...	1
Pulmonary Tuberculosis	...	...	...	1
Scarlet Fever	...	...	...	2
Shock following burns	...	...	...	3
Cause of Death unknown	...	...	...	1

WELFARE OF THE BLIND.

The County Scheme administered by the Donegal Board of Health and Public Assistance is detailed in the Annual Report for the year 1930. Briefly, it is as follows:—

1. A register of blind persons in the County is kept up-to-date.
2. Arrangements are made by the Board for the following:—
 - (a). The education or industrial training of suitable blind persons between the ages of five and thirty years.
 - (b). The employment in Workshops for the Blind of blind persons suitable for such employment, their maintenance in a Hostel, and the augmentation of their wages.
 - (c). The maintenance, in Homes, of blind persons, who, owing to age or infirmity, are incapable of work.

3. The Board may, in the cases of unemployable and necessitous blind persons ineligible for education or industrial training under the Scheme, and living in their own homes, or in lodgings, grant assistance to such persons in accordance with the following scale:—

	per Week
(a). Blind persons over 15 years and under 30 years of age	10/-
(b). Blind persons 30 years of age and upwards ...	4/- with pension
(c). Married man under 30 years of age with wife dependent on him	15/-
(d). Married man 30 years of age and upwards with wife dependent on him	8/- with pension
(e). Additional allowance for each child ...	2/6

The institutions approved by the Minister under the provisions of this Scheme are:—

Name of Institution.	Class of Blind Persons Received.
1. St. Mary's Institution for Female Blind, Merrion, County Dublin.	Females; also boys up to 7 years of age.
2. St. Joseph's Asylum for Male Blind, Drumcondra, Dublin.	Males.
3. Richmond National Institution for Industrious Blind, 41 Upper O'Connell Street, Dublin.	Males.
4. Cork County and City Asylum for the Blind, Infirmary Road, Cork.	Males and Females.

It has been a matter of great difficulty to persuade any of those blind people who have come under my personal notice to accept institutional training. They are very reluctant to leave their homes even for comparatively short periods, so that the scheme is being worked at a certain disadvantage, owing to this lack of public co-operation.

SUPERVISION OF MIDWIVES.

Miss Casey, Assistant Supervisor of Midwives, reports as follows:

"During the year 1936, 96 visits of inspection were paid to 81 Midwives in the County. The work of the Midwives is generally satisfactory, a marked improvement in their method of practice and record-keeping having taken place since the inception of the County Scheme of Supervision.

While mother and baby are in most instances well cared for during the lying-in period, it is not always possible, owing to long distances, for Midwives to visit patients as often as is necessary.

Three Midwives in the County were, in my opinion, too old for the work in these scattered districts and were referred to the County Medical Officer. One Midwife, owing to ill-health and bad sight, appeared to be unfit for the work, and her case was also reported to the County Medical Officer of Health.

Many of the Midwives would benefit by a post-graduate course. Facilities for attendance at such courses are provided here, but few have taken advantage of them so far.

Handy-women continue to practice in the Cross Roads No. 1 and Menville Dispensary Districts. These districts are big and scattered—particularly Menville, where it would be exceedingly difficult for one Nurse to cover the entire area.

Little progress has been made so far in ante-natal care in districts where there are no Jubilee Nurses. Patients seldom book the Midwife beforehand."

It will be noted that the services of the "handy-woman" are still availed of to some extent in the more remote districts. This practice has been condemned again and again in previous Annual Reports. Old traditions die hard, and in former days when district nurses and midwives were few and far between, it was understandable that a "knowledgeable" woman should spring up to ease the labours of her suffering neighbours. The necessity for these "handy-women" no longer exists. They are now forbidden by law to attend a midwifery case, except as a temporary measure in an emergency, so that we may soon hope to see the last of these well-meaning but ignorant, unskilled, and therefore dangerous, helpers in the cause of suffering woman-kind.

As mentioned in Miss Casey's report, some of the Midwives are getting too old for the work, which is very exacting, especially in some of the larger scattered areas. The problem of the ageing midwife is a very controversial one. Public efficiency on the one hand demands that each midwife be fully competent to deal with the work in her district. Common charity, on the other hand, demands that some adequate provision be made for these women who have spent the best part of their lives in ministering to a great public need, at a very unremunerative salary. Unfortunately, the midwife of this type, who is past her work, tends to perpetuate the evil of unqualified midwifery, by encouraging the use of handy-women.

The following is a summary of the various notifications received during the year from the Midwives practising in the County :

1. Notifications of Intention to Practice	...	...	81
2. Emergencies for which Medical Aid was summoned:—			
Abnormal Presentations	...	...	17
Abortions (Threatened and Complete)	...	...	3
Ante-partum Haemorrhage	...	...	4
Delayed Labour and Uterine Inertia	...	...	75
Haemorrhage	...	...	3
Miscarriage	...	...	2
Placenta Praevia	...	...	1
Post-partum Haemorrhage	...	...	5
Premature Birth	...	...	3
Puerperal Pyrexia	...	...	4
Retained and Adherent Placenta	...	...	8
Rupture of Perineum	...	...	19
Rupture of Uterus	...	...	1
Threatened Eclampsia	...	...	4
Other Emergencies	...	...	9

3. Notifications of Still Births	...	...	...	25
4. Notifications of Artificial Feeding	...	...	...	5
5. Notifications of having Laid Out Dead Bodies	...	...	...	5
6. Notifications of Liability to be a Source of Infection	...	...	...	8

NOTIFICATION OF BIRTHS.

The total number of births notified to this Department during 1936 was 1,786. As the total number of registered births for Donegal was 2,532 during this year, the above notified cases represent merely 70·9 per cent. of the total births in the County. This is a rather poor return of births, especially when we consider that in the first year of adoption of the Acts, the figure for notifications was 73 per cent. of the total births registered.

We would remind all those concerned of the following enactments required to be carried out under these Acts:

- (1). "In the case of every child born it shall be the duty of the father of the child, if he is actually residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance upon the mother at the time of, or within six hours after the birth, to give notice in writing of the birth to the medical officer of the district in which the child is born, in manner provided by this section.
- (2). "Notice shall be given by posting a prepaid letter or postcard addressed to the Medical Officer of Health at his residence, giving the necessary information of the birth within thirty-six hours after the birth, or by delivering a written notice of the birth at the office or residence of the Medical Officer within the same time; and the local Authority shall supply without charge addressed and stamped postcards containing the form of notice to any medical practitioner or midwife residing or practising in their area, who applies for the same.
- (3). "Any person who fails to give notice of a birth in accordance with this section shall be liable on summary conviction to a penalty not exceeding twenty shillings.

The following section should be carefully noted:

- (4). "The notification required to be made under this Act shall be in addition to and not in substitution for the requirements of any Act relating to the registration of births."

As the information obtained from the operation of these Acts is a necessary prerequisite to the working of our Maternity and Child Welfare Scheme, the Local Authority will have no option but to enforce the legal obligation unless a marked improvement takes place.

SALE OF FOOD AND DRUGS ACTS.

The practical administration of this important legislation is entrusted to the Garda Síochána, who carry out their task with their accustomed courtesy and efficiency. I wish to express my thanks to the Chief Superintendent for the County who has kindly supplied the following particulars of the work done in regard to taking of samples and analysis of same.

RETURN OF SAMPLES ANALYSED DURING THE YEAR ENDING 31st DECEMBER, 1936.

PARTICULARS OF SAMPLES.	No. of Samples Taken.	No. Certified to be adulterated.	No. of Prosecutions	No. of Convictions.	Prosecutions pending.
New Milk ...	398	9	8	2	3
Buttermilk ...	16	—	—	—	—
Butter ...	69	1	1	1	—
Margarine ...	87	—	—	—	—
Cheese ...	24	—	—	—	—
Cocoa ...	10	—	—	—	—
Coffee ...	4	—	—	—	—
Sugar ...	27	—	—	—	—
Jam and Marmalade ...	14	—	—	—	—
Bread ...	5	—	—	—	—
Flour ...	4	—	—	—	—
Intoxicating Liquor ...	86	1	1	—	1
Non-Alcoholic Drinks ...	10	—	—	—	—
Tea ...	17	—	—	—	—
Rice ...	11	—	—	—	—
Lard ...	4	—	—	—	—
Meal, Wheaten ...	1	—	—	—	—
Meal, Yellow ...	1	—	—	—	—
Ovaltine ...	1	—	—	—	—
Cornflour ...	6	—	—	—	—
Sago ...	1	—	—	—	—
Baking Soda ...	9	—	—	—	—
Olive Oil ...	1	—	—	—	—
Vinegar ...	3	—	—	—	—
Cod Liver Oil ...	1	—	—	—	—
Bacon ...	4	—	—	—	—
Farola ...	1	—	—	—	—
Cream of Tartar ...	8	—	—	—	—
Custard ...	1	—	—	—	—
Raisins ...	2	—	—	—	—
Mince Meat ...	2	—	—	—	—
Currants ...	2	—	—	—	—
Sausages ...	1	—	—	—	—
Baking Powder ...	1	—	—	—	—
Pepper ...	2	—	—	—	—
Syrup of Figs ...	1	—	—	—	—
Castor Oil ...	2	—	—	—	—
Barley ...	1	—	—	—	—
TOTALS ...	838	11	10	3	4

The following members of the Garda Síochána acted as Food and Drug Inspectors during the year ended 31st December, 1936 :

Garda James Meehan, Letterkenny.
 Garda Thomas Maguire, Raphoe.
 Garda Laurence Connolly, Lifford.
 Garda Henry Martin, Newtowncunningham.
 Garda James H. Flannagan, Buncrana.
 Garda Peter McGurk, Carndonagh.
 Garda Michael Walsh, Moville.
 Garda Patrick A. Hegarty, Muff.
 Garda James Markey, Ballyshannon.
 Garda Michael Diffley, Ballybofey.
 Garda John P. Traynor, Pettigo.
 Garda Anthony Sarsfield, Dungloe.
 Garda Patrick M. O'Neill, Clogher.
 Garda James McAteer, Bunbeg.
 Garda Patrick Francis, Killybegs.
 Garda Patrick N. Coughlan, Carrick.
 Garda Michael Canny, Mountcharles.
 Garda Edward Gallagher, Milford.
 Garda Liam P. Arnold, Creeslough.
 Garda Michael Burke, Falcarragh.

"Ar iongantaisí an domhain ní h-iongantas go dtí an duine daonna. Bíonn smacht aige ar ainmhidhthe aeir, talmhan agus fairrge, agus ní bhíonn scannradh a thuille air roimh bhrúchtghail bhuirb na ndúl. Tá sé d'éis máighistreachta d'fhághail ar smaoineamh agus ar urlabhra. An bás an t-aon nidh amháin nach dtig leis a sheachaint; máiseadh féin tig leis moill do chur air, ós rud é gur mó sin leigheas éifeachtach atá ceaptha aige i n-agaídh na ngalar is mó serios."

Mar sin thuas iseadh do labhair duine sar-eólgaiseach le cruinniúghadh Aitneach suas le 2,400 blian ó shoin ann. Bíodh stair na n-aicídí dtógálacha 'na fiadhnais ar ró-fhírinne na cainte sin an lá atá anois ann. Chuir Sófocail i gcuimhne dá lucht éisteachta ainshriantacht agus mí-riagbaltacht an duine 'na smaoine agus 'na ghníomha. Cúis bróin dúinn, leis, an ainshriantacht chlaon sin a dhiúltaigheann, maidir leis an troid i n-agaídh aicídí, feidhm a bhaint as an trealamh catha atá ceaptha againn féin díreach chun an namhaid do ghabháil agus sinn féin do chosaint ar bhuirbe a chuid ionnsuidhe." ("A Short History of Infectious Diseases," p. 109: Goodal. 1934).

REPORT OF T. A. McCLINTOCK, Esq., VETERINARY INSPECTOR, FOR LETTERKENNY URBAN AREA.

The work carried out by me throughout the year 1936 as Meat and Milk Inspector of Letterkenny Urban Council consisted of regular inspections of all Slaughterhouses and animals slaughtered. Carcasses and meat in shops inspected. There were eleven cases of carcasses and portions of meat condemned and destroyed as unfit for human food, owing to tuberculosis, dropsy, erysipelas, decomposition, and injuries.

In milk inspections, there were 36 samples taken and reports on School Milk Supply. Cows examined and cowsheds inspected.

REPORT OF T. A. McCLINTOCK, Esq., VETERINARY INSPECTOR, FOR THE GLENTIES AREA.

Throughout 1936, as Veterinary Inspector of the Glenties area for the County Council and Board of Health, I examined 15 cows under the T.B. order. Four were condemned and destroyed and compensation awarded. Under the Sheep Dipping Order, some 54,000 sheep were dipped. On meat inspection there were 22 cases of condemned meat, 8 carcasses and 14 portions of meat, for T.B., dropsy, decomposition and injuries. I inspected the premises and dairy utensils of 128 "Free Milk" Contractors and examined 268 cows. Under the "School Milk Scheme," I inspected the premises and dairy utensils of 45 contractors and examined 109 cows. There were 153 samples of milk taken for testing for T.B. and examination. Inspections were carried out in the Islands of Arranmore, Inniskeeragh, Owey, Cruit, Innismaan, Gola, and Tory (Milk Contractors).

REPORT OF F. McSHANE, Esq., VETERINARY INSPECTOR, FOR BUNDORAN URBAN AREA.

Visits of Inspection were paid to milk suppliers on the following dates: January 31st, February 28th, March 31st, April 29th, May 30th, June 30th, July 31st, August 29th, September 29th, October 31st, November 2nd, November 30th, December 30th, 1936.

REPORT OF F. McSHANE, Esq., VETERINARY INSPECTOR, ON WORK DONE UNDER THE DONEGAL COUNTY COUNCIL, AND DONEGAL COUNTY BOARD OF HEALTH AND PUBLIC ASSIST- ANCE.

BOVINE TUBERCULOSIS REPORTS.

Visits of Inspection	...	...	...	29
Animals examined	...	...	...	29
Animals slaughtered by Veterinary Inspector	...	...	...	21
Animals slaughtered by owner	...	...	...	1
Animals found non-tuberculous	...	...	...	7

FREE MILK AND SCHOOL MEALS INSPECTION WORK.

Visits of Inspection were paid on the following dates during the year 1936: January 29th, February 6th, 11th, 13th, 27th, March 5th, 6th, 24th, 25th, 26th, 30th, 31st, April 1st, June 25th, 26th, July 21st, 23rd, August 12th, September 24th, October 16th, 21st, 28th, November 9th, 11th, 27th, December 14th, 31st.

"Córaide dhúinn bheith soichleach
's gan bheith doichleach fán saoghal,
go dtéid do dhíth a chaithmhe
biadh nách gcaithtear re daonnacht."

(File gan ainm CCT.)

PART II.

ANNUAL REPORT

OF THE

County Medical Officer of Health

County Donegal

ON THE

County School Medical Service

YEAR 1936.

Annual Report on the County School Medical Service.

YEAR 1936.

"Fiafraighis Conn na ccuradh
fer le ccuirthear cruas ceimionn
cia in fionn beg bheirius báire
ar ógaibh aille Eirionn."

("Macghníomhartha Fhinn.")

Owing to various unavoidable factors the above scheme was badly hampered in its operation during 1935 and part of 1936. Thus the total number of children examined in 1935 was only 381, out of a roll total for the County of 26,898 (1930 figure). On taking up duty in May, 1936, I was rather at a disadvantage for some time, as my Assistant was on sick leave during this month, while nobody had yet been appointed even temporarily to replace the second permanent Assistant, whose position has been vacant for twenty-one months. The Board of Health readily consented, on the 26th May, 1936, to appoint Dr. T. O'Sullivan as temporary Assistant pending the making of a permanent appointment by the Appointments' Commission. Later, Dr. B. Dunlevy replaced Dr. O'Sullivan—still in a temporary capacity.

It was possible, therefore, to restart the medical inspection of school-children. It was felt that any further delay would react prejudicially to the public health, as people begin to lose interest once a scheme has fallen into abeyance, and their interest is increasingly difficult to re-arouse, when a project is allowed to lapse for any length of time.

The scheme adopted was that of examining all the children in a school whose parents had consented to the examination. It was felt that this would be more satisfactory as a preliminary than the adoption of age-groups, as many schools had not been examined at all for periods of from three to four years previously.

It will be noted that 4,849 children in all were examined out of a roll total of 7,948 notified. That is to say, only 61% of the scholars presented themselves for examination. This rather disappointing percentage may, perhaps, be ascribed to the partial lapsing of the scheme as mentioned above. It was noteworthy, however, that very low percentages occurred only in particular districts, few in number, and these very low figures naturally tended to lower the figure for the average percentage of scholars examined. The Public Health Nurses were instructed to interview parents in the recalcitrant districts, and ascertain their objections to School Medical Examination. The general trend of the objections seemed to be that as nothing had been done for some years, people had lost faith in the scheme to some extent, and had become quite indifferent if not hostile to it. It is hoped that with a full working staff, this attitude of indifference will change to one of active co-operation on the part of the public.

SCHOOL TEACHERS AND MANAGERS.

A special word of praise is due to the School Teachers and Managers for their whole-hearted co-operation in the work of inspection. The Managers give us every assistance by proclaiming the coming inspection from the

pulpit and invariably urge the parents and pupils to attend. The teachers make every effort to see that the children attend on the appointed day, and go to a good deal of trouble and often inconvenience to see that the medical officer is provided with a comfortable room. Every facility possible has been provided in the schools examined so far.

Our thanks are accordingly due in no small measure to the teachers for their help and support. As a body they are alive to the great benefits conferred by State Medical Inspection, and deserve congratulation and sincere praise for their sane outlook on public health.

ATTENDANCE OF PARENTS.

56% of the parents personally attended at the School Inspections. This is a fairly satisfactory number on the whole, but not as good as it should be. The presence of a parent during examination of a child is a great help to the Medical Officer, as very often he or she can give important information about the child which would not otherwise be available. It is much more satisfactory for the Doctor to explain matters personally to the parent than to be compelled to send a note or merely a message by word of mouth. It is, besides, a stimulating experience for the parents to be present and to exchange mutual views with their neighbours. Most of those attending seem very interested, and express themselves as very grateful for what is done for their children.

COMMENTS ON TABLES OF DEFECTS.

On comparison of the percentage figures for unsatisfactory conditions in regard to: (a) clothing, (b) footgear, (c) cleanliness of head and (d) cleanliness of body, with those for the year 1931 when the School's scheme was started, a very substantial change for the better is to be remarked. While the figures for (a) and (b) have hardly varied, as might be expected, dependent as they are, largely, on economic factors, the percentage figures for (c) and (d) are just about halved (see Table B). This is objective evidence of an important nature of the good work being done by the School Medical staff, and incidentally by the teachers. It is very important that children should learn and practice the supreme virtue of cleanliness as a solid foundation for right living and good health. It is becoming more and more unusual nowadays to see children infested with vermin, which fact must be a source of great gratification to all those interested in social welfare. There are still to be found, however, some unfortunate children, who are forced to carry these dangerous parasites on their heads and bodies, owing to the carelessness and ignorance of improvident parents. Such children are always a danger to the school community, because of the risk of passing on their unwelcome hosts to cleaner children. For this reason, the practice so prevalent in country schools of throwing children's overcoats and other garments together in one promiscuous heap should be sternly discountenanced.

NUTRITION.

This subject is not only in the air but "on the air" in practically all countries at present. The question has attained great prominence in England of recent years, because of the widespread economic distress that followed the war years, together with the revelation of the very high percentage of recruits rejected for the Army on physical grounds alone. It is being increasingly recognised that insufficient or improper feeding in the growth period of life has lasting ill-effects on the mature organism. In areas where School Medical Inspection and allied schemes have been some years in operation, it is usually found that a general improvement in nutrition and physique of children has taken place. Nutrition in this sense, of course, means the nourishment or state of well-being of the child. It must, furthermore, be appreciated that physical well-being is a complex condition depending on many factors besides food. For instance all of the following have important bearings on health: fresh air and sunlight, adequate exercise, sleep, housing and mental strain.

The one outstanding fact on which all authorities are agreed is that the provision of School Meals and of milk for necessitous children has been a great step forward in bettering the physique of children. This has been proved in more than one instance by carefully controlled experiments, while clinical experience is almost unanimous on the same point. One gets the impression from the necessarily brief talks with parents at school that the principles of proper dieting are very poorly understood in rural Ireland. Bread and tea seem to be the staple articles of food for many children at all meals in a large number of cases. Lessons for school-children through the radio would probably prove of great service in remedying this fault—and indeed many others.

TEETH.

The position with regard to dental treatment in this County is unsatisfactory. There is the usual difficulty, of course, of persuading children to attend at Clinics, but this is greatly intensified by the distances children have to travel even to local sessional clinics in many instances. Again, as I have emphasised elsewhere in another connection, there is great need for a system of whole-time conservative dentistry for schools. It is really appalling to find what a high percentage of school entrants have mouths full of carious teeth. It is obvious, therefore, that the Scheme should really start with dental treatment for mothers in the ante-natal and nursing periods, and that the pre-school child needs even more attention in this regard than the school entrant, because much mischief has occurred in the teeth during the pre-school years.

The actual treatment of carious teeth in school-children in this County, however, leaves much to be desired. No conservative work whatever has been attempted. Now it is the opinion of all experts that school dentistry should be organised on very conservative lines, and in order to achieve this, a full-time dentist would be a *sine qua non*. Every endeavour should be made to cultivate an outlook on dental hygiene such as is generally held in the United States. In that Country untreated dental caries, at any age, is looked upon as a social disgrace. A similar sane outlook is generally held on this matter in most civilised countries outside of Great Britain and Ireland. The young must be taught to care for their teeth as something very precious. The widespread extraction of permanent teeth at an early age is an irreparable loss to the community because it leads to much subsequent disease and ill-health. Children require constant skilled supervision of their teeth at intervals of not more than a year at the outside, and only a full-time dentist can make any attempt at accomplishing this. It is hoped to make more satisfactory arrangements for dental treatment in the near future.

VISUAL DEFECTS.

The fact that there is, as yet, no full-time Ophthalmologist in the County has given rise to a good deal of dissatisfaction among parents. Actually it is true to say that there is no official Ophthalmologist in Donegal. The present arrangement whereby school children from all parts of the County are compelled to go to the Eye and Ear Hospital in Derry for ophthalmological examination is very unsatisfactory, not, of course, from the point-of-view of the actual work done by that institution, which is first-class, but because of the distances to be traversed and the very long delay in calling children for examination. The Derry Eye Hospital finds itself unable to deal with more than three to five of our patients per week, and many of these fail to turn up. One reason for this is possibly that owing to the long period that has elapsed since the school examination the parents and the pupils have lost interest in the matter. Often, too, the distances to be traversed are considerable, as already mentioned.

All things considered, the appointment of a full-time Ophthalmologist to work the schools scheme in conjunction with the examination of poor-law cases and tuberculous patients is an outstanding necessity. The appointment, which has been urged on the Board of Health more than once, should not be delayed, as the number of cases due for examination is steadily mounting up day by day, now that the schools scheme is again in full working order.

TUBERCULOSIS.

The figures for pulmonary tuberculosis do not show much variation since 1931. The figure for suspected pulmonary tuberculosis is, of course, subject largely to the clinical training and viewpoint of the examining officer. It is, therefore, liable to vary a good deal with change of staff, and indeed is a rather unreliable figure at the best of times. Unfortunately, when expressed in numbers and percentages, it is apt to give a false appearance of mathematical accuracy, which is not actually the fact. While such figures have their uses to some limited extent for the local Medical Officer, they must be taken with reserve in any official summing-up. With a proper working scheme, of course, all doubt would be immediately dispelled by having such children x-rayed at once. Unfortunately, we are still at a stage in this County where no properly-equipped Sanatorium or even Central Dispensary has been provided, so that it is impossible to have these children examined under proper scientific conditions. We are a long way behind countries such as U.S.A., where, in certain States, all the school-children are systematically x-rayed, apart from any suggestion of tuberculous disease. This, of course, would be the ideal arrangement, as it is well-known that early cases of the disease can escape notice even after careful clinical examination by an expert. One would like to see in a large County like Donegal at least one well-equipped Sanatorium, with two or more Central Dispensaries, each with an up-to-date x-ray plant, including a mobile x-ray unit for convenience of outlying districts.

SCHOOL BUILDINGS.

The following school premises were adversely reported on during the year:—

Name of School.	Dispensary District.	Nature of Defects and Recommendations (if any).
Aughadahor (M.)	Rosguill	Closets very badly kept. Elsan closets recommended.
Ardara (M.)	Ardara	Extension of town water-supply to school recommended. Open sewer opposite school, which is very objectionable, especially in warm weather.
Ardlaghan (M.)	Cloghan	Large hole in centre of ceiling. Slates broken. Rain comes in constantly. Walls very damp. General repair very bad.
Beagh (M.)	Ardara	Ceilings of both classrooms in very bad repair—plaster loose. Walls damp. Rain soaks through in wet weather.
Beltra (M.)	Clonmany	No division wall between closets. No wall surrounding school. School closets used by local people and, as a consequence, are very difficult to keep clean.
Ballydevitte (M.)	Donegal	School-building much too small for number of children attending. Ventilation poor.

Name of School.	Dispensary District.	Nature of Defects and Recommendations (if any).
Ballymagroarty (M.)	Ballintra	Lighting poor. Playground inadequate, too small, and in very bad position.
Carrigart (M.)	Rosguill	Very definite overcrowding. Heating arrangements insufficient. Closets in bad condition. Installation of water closets recommended — public water-supply available. The question of a new school should be considered.
Cranford (M.)	Rosguill	Installation of Elsan closets suggested. (This school is very satisfactory on the grounds of ventilation, lighting, and cleanliness).
Cronaghabois	Ardara	General repair bad. (New School under consideration).
Creevy (M.)	Ballyshannon	Walls damp. Floor in very bad repair with large holes. Very insanitary. Roof and slates broken. General condition of building very bad.
Carrowkeel (M.)	Moville	Only one room—two teachers. Second room considered necessary.
Carrickboy (G.)	Ballyshannon	Floor of lower class-room very damp. Extension of town water-supply and installation of flush lavatories strongly recommended.
Clare	Moville	School very bad and unsuitable. Bad lighting, heating, and sanitary accommodation. Demolition recommended.
Derryhassin (M.)	Rosguill	Play-ground should be improved and Elsan closets installed. (School good).
Derries (M.)	Ballintra	Lighting very poor and walls damp.
Donegal (Nuala Convent).	Donegal	The corrugated-iron class-room is badly ventilated. Ceiling very low, and rain enters through roof.
Fahan (M.)	Kilderry	Sanitary accommodation—middens—very bad and insanitary. No pails used. Lighting very poor. School 100 years old.
Inch	Kilderry	Lighting very bad, due to light being obstructed by trees near windows, and walls dark in colour. Sanitary accommodation unsatisfactory. Heating insufficient.

Name of School.	Dispensary District.	Nature of Defects and Recommendations (if any).
Glen (M.)	Rosguill	Closets in bad condition. Elsan closets recommended.
Gortnabrade (M.)	Rosguill	Elsan closets recommended.
Glenagivney	Moville	Condemned. (Site selected for a new school).
Grousehall (M.)	Carndonagh	School on first floor—teacher's residence underneath. Wooden stairs (well worn) leading to school from the inside.
Keelogs (M.)	Dunkineely	Lighting and ventilation of small class-room poor. Extensive repairs under consideration.
Kinnelargy	Rosguill	Overcrowded. Elsan closets recommended.
Loughill (M.)	Ballyshannon	Schoolroom very small. Lighting very bad. Windows too small. No cloak-room.
Legan	Dunkineely	General repair of school very bad. Lighting and ventilation inadequate. Playground very uneven.
Manorvaughan	Rosguill	Lighting very bad. Arrangements contemplated for provision of additional windows. Elsan closets recommended.
Mulroy	Rosguill	Lighting not good. Recommend provision of two additional windows facing S.E. Elsan closets recommended.
Muckcross (M.)	Killybegs	General repair very bad. Building inadequate for pupils. Demolition of school recommended.
Meenagowan (M.)	Doochary	Play-ground is badly drained—in winter it is impossible for children to use it.
Moville (B.)	Moville	Recommendation for complete new sanitary accommodation, to replace existing closets, which should be demolished as they are a danger to health.
Moville (Convent)	Moville	Sanitary accommodation requires to be remedied. (Very up-to-date school).
Munterneece	Tanatallon	General repair of school very bad. No cloak-room. New school under consideration.
Slieve League (M.)	Carrick	Hail and rain come through unscaled roof. Bitterly cold at times and damp. Should be demolished and replaced by new building.
Tullymore (M.)	Glenties	Walls damp and lighting of school-room poor. No cloak-room.

PHYSICAL TRAINING.

This question is bound up to some extent with that of nutrition or physical well-being. It is being increasingly realised that physical fitness plays a very vital part in the promotion of a sound mind in a sound body. Unfortunately, physical training is now an optional subject in elementary schools, so that the majority of children are receiving no physical training whatsoever, apart from those who are able to take part in football and hurling games. The evil consequence of this lack of physical training is evident in the large number of children whose carriage and posture can only be described as deplorable. I gather from the Press that Sokol training is now being introduced in some schools in Donegal. While believing whole-heartedly in suitable schemes of training of this nature, I consider that they should be initiated and worked under the control of the medical officer of health. Undoubtedly the great difficulty in organising physical training in schools, so far, has been the lack of suitably trained instructors. I am informed that it is this lack which has caused the Department of Education to be so slow in insisting on compulsory instruction on the subject. The difficulty, undoubtedly, is a real one, and has of course arisen in England and Scotland as well as in this country. The solution would seem to be on the lines recently advocated in England, namely, the establishment of a National College of Physical Training. Organising instructors could be trained here, and in addition certain outstanding problems involving recent physiological research could be investigated.

Such a college would likewise be a centre for disseminating the spread of enlightened ideas on physical training through the various existing associations of post-school adolescents (and adults) who wish to keep themselves physically fit.

PROPAGANDA.

The difficulty which even medical men find in keeping abreast of current developments and discoveries in medical science should point to the necessity for propaganda on public health matters. Many new schemes in this domain are continually being hampered and held up through public diffidence and ignorance. Every new extension of a health programme should really be preceded by intense educational activity with the object of dispelling such impediments to progress. It has been stated on good authority that "one of the major tasks of organisation must necessarily be educational." Such education must begin in school life and be continued through adolescence and adult life.

In other countries, particularly in England, there are a large number of voluntary associations which set themselves out to instruct the public in the fundamentals of health and hygiene. Among these societies may be mentioned: The Central Council for Health Education, British Junior Red Cross Society, Central Association for Mental Welfare, Food Education Society, Health and Cleanliness Council, People's League of Health, Sunlight League, National Association for the Prevention of Tuberculosis. These are all occupied in practical work. For instance, the first-named body hire out films on health subjects. They also issue cheap pamphlets and a weekly journal ("Better Health"); they help local bodies to organise "Health Weeks," and arrange for a supply of qualified lecturers on topics of public interest. Public Bodies in England are allowed to spend money on propaganda work, but there appears to be no such provision in this Country.

What is really needed in this regard is the establishment of a Ministry of Propaganda within the Local Government Department. A central body of this sort would, in addition to its own distributive work, afford a marked stimulus to voluntary associations and local authorities, and would, moreover, be in a position to exercise a wise supervision over the material utilised for propaganda purposes.

"Cia ro choimét sibse mar sin ar Pátraic
in bar mbethaid. Ocus ro frecair Cáilte, i.
fírinne inár croidhedaib agus nert inár
lámaib agus comall inár tengtaib."

("Agallamh na Senórach.")

SUMMARY OF INSPECTION AND DEFECTS.

TABLE A.

Showing Total Number of Children Inspected during the Year 1936, grouped according to Dispensary Districts, and the Attendances of Parents at the Actual Inspections.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	Primary.	Second-ary.	Number whose Parents Present.
ARDARA.	558	402	248	154	297
Ardara (M.)	105	44	30	14	36
Beagh (M.)	37	30	13	17	13
Brackey	57	40	20	20	33
Cronaghabois	55	57	38	19	49
Carrowart	16	9	4	5	1
Gortnacart	48	13	13	—	12
Kilclooney	59	52	31	21	43
Laconnell	47	26	9	17	26
Largynaseeragh	47	38	24	14	34
Loughros Point	19	14	10	4	10
Meentinadea	52	29	20	9	14
Meenavalley	45	18	14	4	14
Nairn	12	9	5	4	—
Kiltoorish (Rosbeg)	32	15	12	3	7
Woodhill	27	8	5	3	5
BALLINTRA.	144	82	55	27	28
Ballymagroarty (M.)	38	20	11	9	4
Carricknahorna No. 1 (M.)	14	—	—	—	—
Carricknahorna No. 2 (M.)	24	13	10	3	4
Cavangarden (M.)	16	12	7	5	4
Derries (M.)	26	19	12	7	15
Rossnowlagh (M.)	26	18	15	3	1
BALLYSHANNON (Uncom- pleted).	845	534	339	195	323
Ardfarna (M.)	54	41	25	16	18
Bundoran (B.)	74	39	18	21	17
Bundoran (Convent)	179	66	53	13	38

TABLE A.—Continued.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	Primary.	Second- ary.	Number whose Parents Present.
Ballyshannon—Continued.					
Carrickboy (G.) ...	53	37	37	—	31
Cashelard (M.) ...	43	34	16	18	25
Christian Brothers (Bally- shannon) ...	165	84	54	30	55
Church Avenue (Kilbarron)	41	34	16	18	17
Coolmore (M.) ...	37	38	23	15	22
Creevy (M.) ...	59	57	35	22	39
Finner (M.) ...	19	17	13	4	11
Loughill (M.) ...	46	36	22	14	8
Rockfield (M.) ...	45	36	14	22	27
Tullymore No. 2 (M.) ...	30	15	13	2	15
BUNCRANA (Uncompleted).	456	270	169	101	91
Buncrana (B.) ...	152	114	42	72	27
Buncrana (Convent) ...	304	156	127	29	64
CARNDONAGH ...	532	248	137	111	122
Carrowmore (M.) ...	52	19	12	7	5
Convent (Carndonagh) ...	198	84	48	36	48
Dristern (M.) ...	66	28	16	12	12
Glentogher (M.) ...	79	68	33	35	32
Grousehall (M.) ...	19	8	8	—	—
St. Patrick's (B.) ...	118	41	20	21	25
CARRICK ...	737	460	226	234	233
Carrick (M.) ...	86	75	36	39	30
Cashel (M.) ...	121	94	32	62	—
Coguish (M.) ...	96	27	14	13	14
Derrylaghan (M.) ...	73	30	13	17	12
Glencolumbkille (Prot.) ...	9	1	—	1	—
Kilcar (M.) ...	56	35	18	17	16
Lougheravaherk (M.) ...	28	27	16	11	26
Malinbeg (M.) ...	22	19	5	14	18
Malinmore (M.) ...	23	18	9	9	3
Meenacross (M.) ...	52	46	30	16	42
Meenaneary (M.) ...	71	56	29	27	44
Slieve League (M.) ...	26	12	6	6	12
Teelin (M.) ...	74	20	18	2	16
CASTLEFIN (Uncompleted)	11	2	1	1	—
Blackrock (M.) ...	11	2	1	1	—
CLOGHAN (Uncompleted) ...	109	59	32	27	47
Ardlaghan (M.) ...	42	8	—	8	6
Boltyfree (M.) ...	29	27	18	9	27
Brockagh (M.) ...	38	24	14	10	14
CLONMANY (Uncompleted)	190	101	73	28	40
Beltra ...	60	20	15	5	11
Gaddyduff (B.) ...	130	81	58	23	29
CROSSROADS, GWEEDORE (Uncompleted) ...	121	98	38	60	77
Derrybeg (B.) ...	68	55	24	31	39
Thorr ...	53	43	14	29	38

TABLE A.—Continued.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	Primary.	Second- ary.	Number whose Parents Present.
DONEGAL	588	352	194	158	127
Ballydevitte (M.)	94	49	30	19	19
Barnesmore (M.)	95	48	13	35	8
Cineal Conaill (M.) Bar- nesmore	79	40	22	18	17
Clar, Robertson (M.)	49	16	8	8	12
Donegal (M.)	23	7	1	6	3
Hugh Roe (B.) Donegal	120	63	37	26	29
Killymard (M.)	21	20	17	3	14
Lackrum (M.)	37	21	8	13	4
Lough Eske (M.)	37	9	8	1	5
Nuala Convent (G.) Donegal	133	79	50	29	16
DOOCHARY (Uncompleted)	57	25	14	11	16
Meenagowan (M.)	57	25	14	11	16
DUNGLOE No. 1 (Uncom- pleted)	80	46	21	25	39
Crohy (M.)	17	12	7	5	12
Meenamara (M.)	63	34	14	20	27
DUNKINEELY (Uncompleted)	43	25	14	11	23
Keelogs (M.)	43	25	14	11	23
GLENTIES (Uncompleted)	96	75	42	33	43
Glenties Convent	70	51	29	22	39
Tullymore (M.)	26	24	13	11	4
KILDERRY	479	277	156	121	122
Birdstown (M.)	75	52	34	18	20
Burnfoot (M.)	16	3	2	1	2
Carnamoyle (M.)	75	48	25	23	17
Fahan (M.)	25	16	7	9	11
Inch Island	65	31	13	18	14
Muff (M.)	21	1	—	1	—
St. Mura's (M.)	128	80	52	28	30
Three Trees (M.)	16	11	2	9	5
Ture	58	35	21	14	23
KILLYBEGS	351	241	134	107	157
Aughinige (Robertson)	9	4	4	—	—
Commons (M.)	76	54	28	26	33
Fintra (M.)	55	37	28	9	17
Muckcross (M.)	29	12	2	10	2
Nial Mor (M.)	122	87	52	35	76
Roshine (M.)	14	12	6	6	2
Shalvey (M.)	46	35	14	21	27
MALIN	639	276	187	89	146
Aughacloy (M.)	119	44	24	20	21
Bocan (M.)	59	26	21	5	8
Coolkenney (M.)	182	100	68	32	79
Culdaff (M.)	18	7	6	1	—
Goorey (M.)	20	14	11	3	1
Malin (M.)	19	12	6	6	5
Malin Head (M.)	91	21	11	10	4
Urblereagh (M.)	131	52	40	12	28

TABLE A.—Continued.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	Primary.	Second- ary.	Number whose Parents Present.
MOVILLE	1002	669	353	316	341
Ballyharry (M.)	65	53	20	33	28
Bredagh Glen (M.)	52	35	30	5	19
Carrickamaquigley (M.)	34	30	18	12	14
Carrowbeg (M.)	12	5	3	2	3
Carrowkeel (M.)	42	22	10	12	15
Carrowmena (M.)	63	60	29	31	34
Castlecary (Prot.)	18	13	11	2	4
Clare	42	18	11	7	6
Clunelly	68	35	23	12	22
Cooley	56	42	12	30	36
Drumaweir	83	67	25	42	17
Drung (M.)	65	31	15	16	11
Glenagivney	45	36	18	18	19
Moville (B.)	100	62	43	19	39
Moville (Convent)	118	82	49	33	50
St. Columb's (Prot.)	35	16	9	7	3
Shrove	58	35	21	14	20
Swanzy Memorial	17	12	2	10	1
Whitecastle	29	15	4	11	—
RAPHOE (Uncompleted)	91	74	58	16	52
Castletown (M.)	38	31	24	7	31
St. Johnston No. 1 (M.)	53	43	34	9	21
ROSGUILL	556	331	196	135	249
Aughadahor (M.)	36	22	16	6	22
Carrigart (M.)	64	17	3	14	11
Cranford (M.)	21	15	7	8	13
Derryhassin (M.)	112	76	46	30	63
Glen (M.)	69	45	32	13	35
Gortnabrade (M.)	80	52	39	13	36
Kinnelargy	40	30	21	9	26
Manorvaughan	16	14	3	11	10
Meevagh	57	15	8	7	13
Mulroy	61	45	21	24	20
TANATALLON (Uncompleted)	263	202	117	85	142
Drimcoe	21	21	12	9	17
Frosses (M.)	95	78	43	35	56
Glencoagh (M.)	106	74	44	30	49
Munterneese	41	29	18	11	20
GRAND TOTAL	7948	4849	2804	2045	2715

TABLE B.—Showing State of Children in Matters of Clothing, Footgear, and Cleanliness.

	Unsatisfactory.	Very Unsatisfactory.	TOTAL	Per Centage of Children examined.	
				1936	1931
Clothing ...	407	48	455	9.4	9.7
Footgear ...	371	41	412	8.5	11.2
Cleanliness of Head	751	103	859	17.7	39.6
Cleanliness of Body	516	103	619	12.7	25.6

TABLE C.—Giving a Summary of the Defects Discovered During the Year 1936.

Defect or Disease.	Total.	Per Centage	Marked Degree or for Treatment	Per Centage	Moderate Degree or for Observation	Per Centage
Malnutrition ...	789		58	1.2	731	15.1
Ringworm of Head ...	6	3.0				
Ringworm of Body ...	8					
Impetigo ...	29					
Scabies ...	52					
Other Skin Diseases ...	55					
Carious Teeth ...	2228	45.9	2131		97	
Defective Vision ..	1264	26.0	783	16.1	481	
Squint ...	110	2.2				
Other Eye Diseases ...	102	2.1				
Hearing ...	10	0.2				
Ear Diseases ...	27	0.6				
Speech ...	119	2.4				
Tonsils and Adenoids ...	1789	36.9	1271		518	
Rhinitis ...	51	1.1				
Nasal Obstruction ...	2					
Cervical Glands ...	223	6.1	22		201	
Submaxillary Glands ...	64	3			61	
Heart Disease (Functional) ...	58	1.2				
Heart Disease (Organic) ...	37	0.8				
Anaemia ...	799	16.5	204		595	
Bronchitis ...	62	3.1				
Other Non-Tuberculous Lung Conditions ...	90					
Definite Pulmonary Tuberculosis	29	0.6				
Suspected Pulmonary Tuberculosis	184	3.8				
Surgical Tuberculosis ...	29	0.6				
Rickets ...	43	0.9				
Hernia ...	24					
Epilepsy ...	1	1.1				
Other Nervous Conditions ...	52					
Postural Defects ...	297	6.1				
Deformities ...	112	2.3				
Infectious or Contagious Diseases	5					
Mental Condition ...	19	0.4	6		13	
Other Diseases or Defects ...	36	0.7				

TABLE D.—Showing the Number of Children Unvaccinated
according to Dispensary Districts.

Dispensary District.	Number Inspected.	Number Unvaccinated
Ardara ...	402	26
Ballintra ...	82	6
Ballyshannon ...	534	40
Buncrana ...	270	7
Carndonagh ...	248	11
Carrick ...	460	8
Castlefin ...	2	—
Cloghan ...	59	30
Clonmany ...	101	7
Cross Roads No. 2 (Gweedore) ...	98	3
Donegal ...	352	58
Doochary ...	25	3
Dungloe No. 1 ...	46	6
Dunkineely ...	25	2
Glenties ...	75	14
Kilderry ...	277	40
Killybegs ...	241	79
Malin ...	276	32
Moville ...	669	49
Raphoe ...	74	2
Rosguill ...	331	23
Tanatallon ...	202	9
TOTAL ...	4849	455

TABLE E.—Classification of Certain Diseases and Defects Found
During School Medical Inspection in the Year 1936.

SKIN DISEASES.				NERVOUS DISEASES.	
Alopecia Areta	...	2		Chorea	... 3
Dermatitis	...	9		Epilepsy	... 1
Eczema	...	5		Headache	... 45
Furunculosis	...	6		Nocturnal Enuresis	... 4
Ichthyosis	...	3		Other Conditions	... 3
Impetigo	...	29			
Naevus	...	2		Total	... 56
Psoriasis	...	2			
Ringworm of Head	...	6			
Ringworm of Body	...	8			
Seborrhoea	...	2			
Scabies	...	52			
Urticaria	...	1			
Warts	...	5			
Other Conditions	...	16			
Unclassified	...	2			
Total	...	150			
EYE DISEASES.				DEFORMITIES.	
Blepharitis	...	31		Birth Palsy	... 3
Conjunctivitis	...	20		Cleft Palate	... 4
Corneal Opacities	...	3		Cleft Uvula	... 1
Corneal Ulcers	...	3		Congenital Dislocation	... 2
Cysts	...	2		Genu Valgum	... 19
Defective Vision	...	1264		Genu Varum	... 1
Hordeoli	...	6		Hammer Toes	... 3
Nystagmus	...	11		Inversion of Feet	... 1
Ptosis	...	2		Pes Planus	... 19
Strabismus	...	110		Rachitic Deformities	... 35
Other Conditions	...	8		Sequel to Injury	... 13
Unclassified	...	16		Sequel to Polio-encephalitis (Paresis, etc.)	... 3
Total	...	1476		Talipes	... 4
				Torticollis	... 1
				Webbed Fingers	... 2
				Webbed Toes	... 1
				Total	... 112
EAR DISEASES.					
Defective Hearing	...	10		OTHER DISEASES.	
Otitis Media	...	18		Cysts (Branchial)	... 1
Otorrhoea	...	5		Cysts (Dermoid)	... 3
Other Conditions	...	4		Cyst (Meibomian)	... 1
Total	...	37		Ganglion	... 1
				Goitre	... 2
				Hydrocele	... 1
				Mongolism	... 1
				Parasites (Intestinal)	... 5
				Phimosis	... 4
				Pyorrhoea	... 1
				Rheumatism	... 1
				Spastic Paraplegia	... 3
				Other Conditions	... 12
				Unclassified (Minor Defects)	... 107
				Total	... 143
NON-PULMONARY TUBER- CULOSIS.					
Tuberculosis of Bone	...	6			
Tuberculosis of Glands	...	5			
Tuberculosis of Joints	...	6			
Tuberculosis of Membranes	...	9			
Total	...	26			

SUMMARY OF TREATMENT.

TABLE F.—Showing Number of Operations for the Removal of Enlarged or Diseased Tonsils and Adenoids in the various County Institutions during the Year 1936.

Name of Institution.					Number Treated
Ballyshannon District Hospital	...	...	...	...	22
Donegal District Hospital	...	...	...	...	59
Letterkenny District Hospital	...	...	...	...	107
Lifford District Hospital	...	...	...	...	80
TOTAL	...	...	...	...	268

TABLE G.—Giving Details of Dental Clinics held During the Year 1936.

Total Number of Clinics held	...	...	35
Number of Children in attendance	...	...	1005
Number of Children treated	...	...	1005

TABLE H.—Giving Details of Eye Clinics Conducted by the School Medical Officers During the Year 1936.

Total Number of Eye Clinics held	...	...	2
Number of Children summoned	...	...	11
Number of Children in attendance	...	...	10
Number for whom Glasses were prescribed	...	...	9
Number referred to Eye and Ear Hospital, Derry	...	...	1
Number of Children who failed to attend	...	...	1

TABLE I.—Giving Summary of Treatment afforded at Eye and Ear Hospital, Derry, During the Year 1936.

1. EXTERN DEPARTMENT.

Number of Children in attendance	...	...	31
Number of Children treated	31

2. INTERN DEPARTMENT.

Number of Children admitted and treated	3
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Number of Children for whom Glasses prescribed in Eye and Ear Hospital	30
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